

<b>Case Number:</b>	CM13-0057190		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	05/03/1999
<b>Decision Date:</b>	04/15/2014	<b>UR Denial Date:</b>	11/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The claimant is a 44-year-old female who sustained an injury to the low back in a work related accident on May 3, 1999. The clinical records provided for review documented ongoing complaints of low back pain radiating to the left lower extremity at the October 25, 2013 assessment. There was also noted numbness and weakness. Physical examination showed difficulty with heel and toe walking on the left, restricted lumbar range of motion, muscle spasm, and diminished sensation in an L5-S1 dermatomal distribution. Working diagnosis was radiculitis status post postlaminectomy syndrome. Recommendation was for lumbar discography for assessment from the L3 through S1 levels and a preoperative psychological consultation due to the potential need for a fusion procedure.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**LUMBAR DISCOGRAM L3-S1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**Decision rationale:** The California ACOEM Guidelines do not recommend lumbar discography to assess claimants with acute low back complaints and is not considered a reliable preoperative indicator. The claimant's clinical picture would fail to necessitate the acute need of a lumbar discogram at the requested levels as it is not clear based upon the records provided for review that the claimant is a surgical candidate. The request for lumbar discography cannot be recommended as medically necessary.

**PRE-OPERATIVE PSYCH CONSULTATION:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Online Web

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** The medical records do not support the medical necessity for a lumbar discogram for surgical preparation. Therefore the request for a pre-op psyche consult is also not medically necessary.