

<b>Case Number:</b>	CM13-0059106		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	06/05/2006
<b>Decision Date:</b>	04/23/2014	<b>UR Denial Date:</b>	11/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/29/2013

### 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:

48 year old male with industrial injury 6/5/06. Exam note 11/1/13 demonstrates complaints of pain in neck, low back, upper and lower extremities despite physical therapy, medications and injections. Exam demonstrates tenderness in the posterior neck. Low back exam demonstrates positive straight leg raise on the right with decreased strength 4/5.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DISCOGRAM LUMBAR L2-S1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**Decision rationale:** Per the CA MTUS/ACOEM guidelines regarding discography, Recent studies on diskography do not support its use as a preoperative indication for either intradiskal electrothermal (IDET) annuloplasty or fusion. Diskography does not identify the symptomatic high-intensity zone, and concordance of symptoms with the disk injected is of limited diagnostic value (common in non-back issue patients, inaccurate if chronic or abnormal psy- chosocial tests), and it can produce significant symptoms in controls more than a year later. Tears may not

correlate anatomically or temporally with symptoms. Diskography may be used where fusion is a realistic consideration, and it may provide supplemental information prior to surgery. In this case there is no clinical indication for discography per the clinical guidelines, therefore determination is for non certification.

**PRE-OP PSYCH CLEARANCE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 100.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations Page(s): 100-101.

**Decision rationale:** Per the CA MTUS/ACOEM Chronic Pain Medical treatment guidelines (pages 100-101), regarding psychological evaluations. Recommended, Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in chronic pain populations. Diagnostic evaluations should distinguish between conditions that are preexisting, aggravated by the current injury or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. In this case there is insufficient evidence in the records of active psychiatric illness such as depression or anxiety to warrant referral. Therefore determination is for non-certification.

**PHYSICAL THERAPY THREE(3) TIMES A WEEK FOR TWO (2) WEEKS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98.

**MAXIMUS guideline:** Decision based on MTUS ACOEM.

**Decision rationale:** Per CA MTUS / ACOEM guidelines Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Therefore determination is for non-certification.