

<b>Case Number:</b>	CM13-0070926		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	09/12/2012
<b>Decision Date:</b>	05/07/2014	<b>UR Denial Date:</b>	12/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/26/2013

### 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 Pennsylvania. 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:

This is a 55-year-old female who was injured on 9/12/12 sustaining injury to the low back. Prior imaging to the lumbar spine includes a 12/18/12 MRI report that shows facet arthropathy at L3-4 through L5-S1 with a left paracentral disc protrusion at L4-5 and post-surgical changes at the L4-5 level consistent with prior decompression. A recent clinical assessment dated 11/21/13 indicated the claimant to be with continued low back complaints with radiating left leg pain. It states that lumbar discogram had been recommended prior to surgical intervention being requested. It states that recent care has included injections, physical therapy, and medication management. Objective findings specific to the lumbar spine showed restricted range of motion, positive straight leg raise, and weakness to the left lower extremity in a global fashion. There were clinical requests at that visit for lumbar discogram from L3 through S1 for presurgical planning, preoperative psychiatric clearance with [REDACTED], and referral for Pain Management for the purpose of discogram.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar discogram L3-S1:** Overturned

**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:** The Expert Reviewer's decision rationale: California ACOEM Guidelines would not support the role of lumbar discography. ACOEM Guidelines criteria do not recommend the role of discography as a reliable preoperative indicator. At present, there would be no current indication for the use of this diagnostic agent in this claimant's clinical course of care.

**Preoperative psych clearance with [REDACTED]:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7) pg. 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7) pg. 127.

**Decision rationale:** The Expert Reviewer's decision rationale: California ACOEM Guidelines do not support referral for psychiatric clearance. At present, there is no current indication for operative intervention in this case. This would negate the need for any preoperative planning including preoperative psychological assessment.

**Treatment for pain management:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7) pg. 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7) pg. 127.

**Decision rationale:** The Expert Reviewer's decision rationale: ACOEM Guidelines would not support referral for Pain Management treatment. Pain Management referral was being made for the purpose of lumbar discography which in and of itself has not been supported. The specific request in this case is not indicated.