

<b>Case Number:</b>	CM15-0200041		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	02/28/2005
<b>Decision Date:</b>	12/24/2015	<b>UR Denial Date:</b>	09/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/12/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management, Occupational Medicine

### 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 injured worker is a 55 year old male, who sustained an industrial injury on 2-28-2005. Diagnoses include lumbar facet arthropathy, radiculopathy, and spondylosis, status post five lumbar surgeries, last being in 2012. Treatments to date include activity modification, medication therapy, epidural steroid injections noted to provide no benefit and a failed spinal cord stimulator trial. On 7-27-15, he complained of ongoing low back pain with radiation down bilateral lower extremities associated with numbness and tingling. The physical examination documented tenderness to the lumbar spine with decreased range of motion and decreased sensation to the right lower extremity. The MRI dated 6-11-15, was compared to a previous MRI dated 7-10-12, and noted to reveal facet hypertrophy, bilateral foraminal stenosis, with impingement upon the exiting nerve roots, slightly increased. The provider documented the results of an electromyogram dated 8-3-15, revealed evidence of bilateral S1 radiculopathy, on a progress note dated 8-24-15. The plan of care included ongoing medication therapy and a CT discogram to evaluate the source of lumbar pain. The appeal requested authorization for a CT Discogram at L3-L4, L4-L5, and L5-S1 with L3-L4 level, ongoing psychiatry treatments, and ongoing pain management follow-ups. The Utilization Review dated 9-21-15, non-certified the CT Discogram, and modified the psychiatry follow up and pain management follow up to allow one visit each practice.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CT Discogram L3-L4, L4-L5, and L5-S1 with L3-L4 Level as the Control Level: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Lumbar & Thoracic (Acute & Chronic), Online Version, Discography.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back: Discography.

**Decision rationale:** ODG recommends against discography since they have minimal predictive value in determining the origin of discogenic pain. This patient has reportedly already undergone five lumbar spine surgeries and remains symptomatic. No spinal procedure has been beneficial in the past. The patient relies on long acting opioid medications with a reported improvement in walking distance. In a recent progress note, the patient indicates that he has no interest in any additional spinal surgeries. Based upon the lack of support for discography by evidence-based guidelines and the patient's desire to avoid further surgery, this request for multilevel discography is not medically necessary.

**On-Going Follow-Ups, the Patient's Psychiatry Treatments: Upheld**

**Claims Administrator guideline:** Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation ACOEM 2004 OMPG, Independent Medical Examinations and Consultations, Chapter 7, page 127; Official Disability Guidelines, Pain Chapter (Online Version), Office Visits.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back follow up visits.

**Decision rationale:** ODG states that follow up visits are appropriate if determined to be medically appropriate. In this case there is no duration or frequency of visits provided for psychiatric care provided. Utilization review has approved one follow-up visit. Since there is no frequency or duration for follow up visits, it is not possible to determine whether this request for follow up visits is medically necessary. Follow up visits may be appropriate every month or every two months. This is an open ended request for follow-up visits. An open-ended request for follow-up visits is not medically appropriate. This request for ongoing follow-up visits without any frequency or duration is not medically necessary.

**Pain Management Follow-Ups: Upheld**

**Claims Administrator guideline:** Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management. Decision based on Non-

MTUS Citation ACOEM 2004 OMPG, Independent Medical Examinations and Consultations, Chapter 7, page 127; Official Disability Guidelines, Pain Chapter (Online Version), Office Visits.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back: office visits.

**Decision rationale:** ODG states that follow-up office visit our appropriate has deemed medically necessary. In this specific situation pain management follow-up for medication management is appropriate. However, this is an open-ended request with no frequency of visits provided nor any duration. Weekly visits would not be medically necessary while bimonthly visits may be necessary. This request for pain management follow up visits at an unspecified frequency is not medically necessary.

**General Practitioner Follow-Ups for Internal Medicine Issues:** Upheld

**Claims Administrator guideline:** Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation ACOEM 2004 OMPG, Independent Medical Examinations and Consultations, Chapter 7, page 127; Official Disability Guidelines, Pain Chapter (Online Version), Office Visits.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back Follow up visits.

**Decision rationale:** ODG states that follow up visits are appropriate if determined to be medically necessary. The patient has personal medical issues for which a personal health care provider already exists according to the medical records. Therefore, an additional general medical doctor is not medically necessary. The medical records do not explain why an additional general practitioner is needed in this situation. Therefore, the request is not medically necessary.