

<b>Case Number:</b>	CM14-0123730		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	02/01/2012
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	07/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2014

### 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 Occupational Medicine 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:

This is a 53-year-old female with a 2/1/12 date of injury, when she injured her lumbar spine while moving tables and chairs. The patient underwent lumbar neuroplasty with decompression in 2012. The patient was seen on 5/8/14 with complains of continued low back pain radiating down to the right leg and right ankle. The physical examination revealed weight 162 pounds, blood pressure 153/95 and pulse 88. The patient was seen on 6/19/14 with complaints of low back pain with radicular pain in the legs. Exam findings of the lumbar spine revealed: flexion 45 degrees, extension 10 degrees and right and left bending 20 degrees. There straight leg raising test was positive at 75 degrees bilaterally, eliciting pain at L5-S1 dermatome distribution. The progress note stated that the patient received the certification for the discogram at the level of L3-L4, L3-L4 and L5-S1 and that the doctor will schedule the patient accordingly. The diagnosis is lumbar disk herniation with radiculopathy, depression, anxiety and insomnia. Treatment to date: lumbar facet joint injections, massages, work restrictions medications, physical therapy, and orthotic supplies. An adverse determination was received on 7/23/14. The request for Lumbar Spine Discogram L3-L4. L4-L5, L5-S1 was denied because the patient underwent adequate evaluation for the lumbar spine and additional consultation was not indicated. The requests for Pre-Operative Electrocardiography (EKG) with interpretation and consultation with prolonged face to face time evaluation were denied due to a lack of documentation indicating that the requests were medically necessary or appropriate.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Spine Discogram L3-L4, L4-L5, L5-S1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back Lumbar and Thoracic (Acute and Chronic) Discography.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation ODG) Low Back Chapter.

**Decision rationale:** CA MTUS states that recent studies on discography do not support its use as a preoperative indication for either intradiskal electrothermal (IDET) annuloplasty or fusion. In addition, ODG states that provocative discography is not recommended because its diagnostic accuracy remains uncertain, false-positives can occur in persons without low back pain, and its use has not been shown to improve clinical outcomes. The progress note dated 6/19/14 stated that the patient received the certification for the discogram at the level of L3-L4, L3-L4 and L5-S1 and that the doctor will schedule the patient accordingly. It is not clear why the additional request was made. There is no evidence that a psychological clearance was obtained. Testing should be limited to a single level and a control level. Therefore, the request for Lumbar Spine Discogram L3-L4, L4-L5, and L5-S1 is not medically necessary.

**Pre-Operative Electrocardiography (EKG) with Interpretation: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back - Lumbar & Thoracic (Acute & Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter-Pre operative EKG and Lab Testing, ACC/AHA 2007 Guidelines on Perioperative Cardiovascular Evaluation and Care for Noncardiac Surgery.

**Decision rationale:** CA MTUS does not address the issue. ODG states that preoperative electrocardiogram (ECG) is recommended for patients undergoing high-risk surgery and those undergoing intermediate-risk surgery who have additional risk factors. Patients undergoing low-risk surgery do not require electrocardiography. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. The ACC/AHA 2007 Guidelines on perioperative cardiovascular evaluation and care for noncardiac surgery state that in the asymptomatic patient, a more extensive assessment of history and physical examination is warranted in those individuals 50 years of age or older. There is no rationale with regards to the patient's EKG. It is not clear, if the patient was scheduled for the surgery, what procedure was scheduled and why the patient needed EKG at that time. Therefore, the request for EKG with Interpretation was not medically necessary.

**Consultation with Prolonged Face To Face Time Evaluation: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter 6- Independent Medical Examinations and Consultations, (pp 127, 156), Official Disability Guidelines (ODG) Pain-Office Visits.

**Decision rationale:** CA MTUS and ODG do not address this issue. CA MTUS states that "consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise." ODG states that office visits are "recommended as determined to be medically necessary." Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. It is not clear why the patient needs the consultation with prolonged face-to-face time evaluation. In addition it is not clear what kind of specialist the patient was recommended to visit. Therefore, the request for Consultation with Prolonged Face To Face Time Evaluation is not medically necessary.