

Case Number:	CM15-0013524		
Date Assigned:	02/02/2015	Date of Injury:	12/08/2011
Decision Date:	03/31/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/23/2015

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: Orthopedic Surgery

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 45 year old male, who sustained an industrial injury on 12/08/2011. He has reported subsequent low back pain and was diagnosed with herniated lumbar discs with bilateral radiculopathy and right ankle strain/sprain. Treatment to date has included oral pain medication, epidural injections and physical therapy. In a progress note dated 11/25/2014, the injured worker complained of severe low back pain. Objective examination findings were notable for decreased range of motion of the lumbar spine, positive straight leg raise and tenderness to palpation with spasms. A request for authorization of a lumbar discogram with associated surgical services was made. On 01/08/2015, Utilization Review non-certified requests for lumbar discogram and the following associated surgical services: initial consultation with medical report prepared by MD, employee face to face, employee family face to face, each additional 30 minutes, face to face with employee and employee family and electrocardiogram with interpretation. The utilization review physician noted that discogram outcomes have not been found to be consistently reliable for the low back, that the electrocardiogram was non-certified since the discogram was not medically necessary and that the other services were not medically necessary as they are considered part of the usual and customary exam. ACOEM guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Discogram at L3-L4, L4-L5 and L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304-305.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304. Decision based on Non-MTUS Citation Official Disability Guidelines, Low back, Discography

Decision rationale: Per the CA MTUS/ACOEM Low Back complaints, page 304, 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 psychosocial 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." ODG, Low back, discography states that discography is indicated if there are satisfactory results from a detailed psychosocial assessment. There is no evidence in the records that a detailed psychosocial assessment has been performed. In this case there is no clinical indication from the records of 11/25/14 of a detailed psychosocial assessment, therefore determination is for non certification.

Associated surgical service: Initial consultation with medical report prepared by MD (Medical Doctor): 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 Official Disability Guidelines, Pain, Office visits

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Associated surgical service: Employee face to face: 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 Official Disability Guidelines, Pain, Office visits

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Associated surgical service: Employee family face to face: 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 Official Disability Guidelines, Pain, Office visits

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Associated surgical service: Each additional 30 minutes, face to face with employee and employee family: 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 Official Disability Guidelines, Pain, Office visits

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Associated surgical service: EKG (Electrocardiogram), with interpretation: 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 Official Disability Guidelines, Low back, Preoperative testing

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.