

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

(855) 865-8873 Fax: (916) 605-4270



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**Notice of Independent Medical Review Determination**

Dated: 10/22/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/10/2013
Date of Injury:	2/21/2012
IMR Application Received:	7/23/2013
MAXIMUS Case Number:	CM13-0002645

- 1) MAXIMUS Federal Services, Inc. has determined the request for anesthetic discogram cervical spine C5-6, C6-7 **is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/23/2013 disputing the Utilization Review Denial dated 7/10/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/25/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for anesthetic discogram cervical spine C5-6, C6-7 **is not medically necessary and appropriate.**

### **Medical Qualifications of the Expert Reviewer:**

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, 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 treatments and/or services at issue.

### **Case Summary:**

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 10, 2013:

"50 year old. DOI-2-21-12: Repetitive activities -----The IW has a history of persistent neck pain and upper extremity symptoms. A 4-10-13 MRI report indicated: 1. C4-5 disc protusion (2mm) indenting thecal sac but no nerve root compression. 2. C5-6 disc/osteophyte indenting the thecal sac, and causing bilateral lateral recess narrowing and foraminal stenosis. 3. C6-7 disc/osteophyte indenting thecal sac and causing bilateral lateral recess and foraminal stenosis without definite nerve root compression.--- A 5-15-13 record of Dr. [REDACTED] and Dr. [REDACTED] indicated the IW was complaining of neck pain and had no radiculopathy of finger numbness and tingling. The record also indicated the IW had previously received epidurals and physical therapy with no relief, and had facet blocks that helped the headaches. The physical exam showed no cervical tenderness, and normal reflex/motor/sensory/testing. The record further indicated the MRI findings at C5-6 and C6-7, and the plan to do an anesthetic discogram at C5-6/C6-7 and if the IW got relief from the anesthetic discogram to consider doing a 2-level ACDF. The record did not discuss the implications of the MRI findings at the C4-5 level. Due to lack of information in the records available recommend NON-CERTIFICATION requested Anesthetic Discogram, C5-6 and C6-7."

### **Documents Reviewed for Determination:**

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application for Independent Medical Review (received 7/23/13)
- Utilization Review Determination from [REDACTED] (dated 7/10/13)
- Medical Treatment Utilization Schedule (MTUS)

Note: No Medical Records were provided timely by the Claims Administrator.

**1) Regarding the request for anesthetic discogram cervical spine C5-6, C6-7:**

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator did not cite any evidence-based criteria in its utilization review determination. The Expert Reviewer based his/her decision on the Neck and Upper Back Complaints Chapter (ACOEM Practice Guidelines, 2<sup>nd</sup> Edition (2004), Chapter 8) pg. 178 which is part of the MTUS.

Rationale for the Decision:

The employee sustained a work-related injury on 2/21/2012 to the neck. No medical records were provided for review. The Utilization Review determination dated 7/10/2013 documents that the employee complained of neck pain, had no radiculopathy of finger numbness and tingling, the physical exam showed no cervical tenderness, and normal reflex/motor/sensory/testing. Treatments have included epidurals, physical therapy, and facet blocks. The request is for anesthetic discogram cervical spine C5-6, C6-7.

The MTUS/ACOEM Guidelines ACOEM guidelines specifically address cervical discography and do not supports its use for fusions and other disc procedures. No medical records were provided for review, that might have documented deviation from guideline criteria. The request for anesthetic discogram cervical spine C5-6, C6-7 **is not medically necessary and appropriate.**

**Effect of the Decision:**

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely;

Richard C. Weiss, MD, MPH, MMM, PMP  
Medical Director

cc: Department of Industrial Relations  
Division of Workers' Compensation  
1515 Clay Street, 18<sup>th</sup> Floor  
Oakland, CA 94612

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Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.