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| Case Number: | CM13-0002624 | | |
| Date Assigned: | 07/25/2013 | Date of Injury: | 03/17/2008 |
| Decision Date: | 01/02/2014 | UR Denial Date: | 07/02/2013 |
| Priority: | Standard | Application Received: | 07/23/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she 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 physician 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.

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 underlying date of injury is 03/17/2008. The primary treating diagnosis is cervical intervertebral disc displacement. Recent imaging has included MRI of the cervical spine of 04/14/2013 which demonstrated minimal disc bulging, no overall improvement from prior studies. The initial physician reviewer concluded that the treatment guidelines do not support the medical necessity or clinical utility of a cervical discogram. The treating physician reports that the patient has severe pain not responsive to past treatment, and therefore additional evaluation and consultation has been requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT Discogram of the cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 9th Edition, (web) 2011, which is not a part of the MTUS..

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck Chapter, which is not a part of the MTUS..

Decision rationale: The Medical Treatment Utilization Schedules do not directly address the issue of a CT discogram for the cervical spine. The principles for this study would be similar to a discography of the lumbar spine. ACOEM Guidelines, Chapter 12 Low Back, page 309, states

regarding this modality, "Not recommended: Discography or CT discography." Additionally I note the Official Disability Guidelines/Treatment of Workers' Compensation/Neck states regarding discography, "Not recommended...Recent studies condemn its use as a preoperative indication and...indicate that discography may produce symptoms in controlled groups more than a year later, especially those with emotional and chronic pain problems...Although discography, especially combined with CT scanning, may be more accurate than other radiological studies in detecting degenerative disc disease, its ability to improve surgical outcomes has yet to be proven." Therefore, the guidelines do not support a probable benefit from this procedure but rather indicate there may be substantial possible side effects without any clear benefit. A review of the medical records provided do not indicate an alternate rationale to support this request. The request for a CT Discogram of the cervical spine is not medically necessary and appropriate.