

Case Number:	CM13-0003077		
Date Assigned:	12/27/2013	Date of Injury:	05/18/2011
Decision Date:	03/17/2014	UR Denial Date:	07/15/2013
Priority:	Standard	Application Received:	07/25/2013

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 Family Practice, 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. 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:

The patient is a 42-year-old female who reported a repetitive stress injury on 05/18/2011. The patient is diagnosed as status post anterior cervical discectomy and fusion in 12/ 2012, persistent neck pain with right-sided radiculopathy, and postlaminectomy syndrome. The most recent physician progress report is submitted by the provider on 06/27/2013. The patient reported 0% pain relief following medial branch blocks in 06/2013. The patient reported worsening neck and shoulder symptoms. Physical examination revealed full, painless range of motion of bilateral upper extremities, mild midline tenderness along the entire cervical spine, negative Spurling's maneuver, normal gait, 5/5 motor strength in bilateral upper extremities, and intact sensation. The treatment recommendations included possible epidural steroid injections of the cervical spine. The patient underwent a previous MRI (magnetic resonance imaging) on 05/16/2013, which indicated mild bilateral neural foraminal narrowing at C3-4, and no evidence of neural foraminal narrowing at C4-5 or C5-6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Injections procedure for discography, each level cervical spine C3-4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state discography is frequently used prior to cervical fusions and certain disc-related procedures. Clear evidence is lacking to support its efficacy over other imaging procedures in identifying the location of cervical symptoms and therefore directing intervention appropriately. As per the clinical documentation submitted, there is no evidence of an exhaustion of previous conservative treatment including physical therapy and medications. The patient's physical examination only revealed mild midline tenderness. The patient demonstrated full, painless range of motion with 5/5 strength of bilateral upper extremities, intact sensation, and negative Spurling's maneuver. The medical necessity for the requested procedure has not been established. Based on the clinical information received, and the California MTUS Guidelines, the request is non-certified.

Injections procedure for discography, each level cervical spine C4-5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state discography is frequently used prior to cervical fusions and certain disc-related procedures. Clear evidence is lacking to support its efficacy over other imaging procedures in identifying the location of cervical symptoms and therefore directing intervention appropriately. As per the clinical documentation submitted, there is no evidence of an exhaustion of previous conservative treatment including physical therapy and medications. The patient's physical examination only revealed mild midline tenderness. The patient demonstrated full, painless range of motion with 5/5 strength of bilateral upper extremities, intact sensation, and negative Spurling's maneuver. The medical necessity for the requested procedure has not been established. Based on the clinical information received, and the California MTUS Guidelines, the request is non-certified.

Injections procedure for discography, each level cervical spine C5-6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state discography is frequently used prior to cervical fusions and certain disc-related procedures. Clear evidence is lacking to support its efficacy over other imaging procedures in identifying the location of cervical symptoms and therefore directing intervention appropriately. As per the clinical documentation submitted, there is no evidence of an exhaustion of previous conservative

treatment including physical therapy and medications. The patient's physical examination only revealed mild midline tenderness. The patient demonstrated full, painless range of motion with 5/5 strength of bilateral upper extremities, intact sensation, and negative Spurling's maneuver. The medical necessity for the requested procedure has not been established. Based on the clinical information received, and the California MTUS Guidelines, the request is non-certified.