

Case Number:	CM13-0005411		
Date Assigned:	11/08/2013	Date of Injury:	12/23/2009
Decision Date:	11/06/2014	UR Denial Date:	07/15/2013
Priority:	Standard	Application Received:	08/01/2013

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 Physical Medicine and Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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:

The patient is a 54 year old female with an injury date of 12/23/09. Based on the 05/23/13 progress report provided by [REDACTED], the patient presents with neck pain that radiates to bilateral upper extremities with numbness, tingling and paresthesia. Physical examination to the cervical spine revealed spinous process tenderness of the mid to lower cervical region, and bilateral moderate cervical paraspinal muscle guarding with tenderness. Range of motion is decreased, especially left and right bilateral bending 10 degrees. She was treated with trigger point injections which provided temporary relief. Her current medications include Fentanyl patch, Percocet, Wellbutrin, Trazodone, Xanax and Celexa. Per progress report dated 05/23/13, prior MRI of the cervical spine shows 5mm disc protrusion at C4-5 and C5-6. X-ray of the cervical spine shows large osteophyte at C6-7 and no evidence of spondylolisthesis. Treater states patient will require surgery at each of the levels, procedure not specified. Progress report dated 04/02/13 by [REDACTED] states that utilization review inappropriately denied discogram, even though it was specifically recommended in the future medical provisions provided by Orthopedic AME [REDACTED]. Patient's cervical spine has been bothering patient more with radiculopathy symptoms to the left extremity, and she would like to proceed with cervical epidural injection, which is consistent with the future medical care of [REDACTED] S [REDACTED]. Diagnosis 05/23/13- cervical spondylosis at C4-5, C5-6, and C6-7 with radiculopathy upper extremities- degenerative disc disease at thoracic spine of mid to lower thoracic area- multilevel degenerative disc disease lumbosacral spine with primarily axial back pain. [REDACTED] [REDACTED], is requesting 1) Cervical Discogram at C4-5, C5-6, and C6-7. 2) Post Discogram CT. The utilization review determination being challenged is dated 07/15/13. The

rationale is "there is no significant evidence to support this request..." [REDACTED] is the treating provider, and he provided treatment reports from 01/11/13 - 10/10/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical discogram at C4-5, C5-6 and C6-7: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Work Loss Data Institute, LLC; Corpus Christi, TX; www.odg-twc.com; Sections: Neck and Upper Back

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) chapter Neck and Upper Back (Acute & Chronic), Discography

Decision rationale: The patient presents with neck pain that radiates to bilateral upper extremities with numbness, tingling and paresthesia. The request is for Cervical Discogram at C4-5, C5-6, and C6-7. Her diagnosis dated 05/23/13 includes cervical spondylosis at C4-5, C5-6, and C6-7 with radiculopathy upper extremities. ODG guidelines: C-spine Discography: "Not recommended. Conflicting evidence exists in this area, though some recent studies condemn its use as a preoperative indication for IDET or Fusion, and indicate that discography may produce symptoms in control groups more than a year later, especially in those with emotional and chronic pain problems." Treater report dated 04/02/13 states that patient's cervical spine has been bothering patient more with radiculopathy symptoms to the left extremity; and she would like to proceed with cervical epidural injection, which is consistent with the future medical care of [REDACTED], and that discogram was inappropriately denied. However, ODG guidelines do not recommend C-spine discography, therefore the request is not medically necessary and appropriate.

CT of the cervical spine following discogram: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165 and 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Work Loss Data Institute, LLC; Corpus Christi, TX; www.odg-twc.com; Sections: Neck and Upper Back

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) chapter Neck and Upper Back (Acute & Chronic), Discography

Decision rationale: The patient presents with neck pain that radiates to bilateral upper extremities with numbness, tingling and paresthesia. The request is for Post Discogram CT. Her diagnosis dated 05/23/13 includes cervical spondylosis at C4-5, C5-6, and C6-7 with radiculopathy upper extremities. ODG guidelines: C-spine Discography: "Not recommended.

Conflicting evidence exists in this area, though some recent studies condemn its use as a preoperative indication for IDET or Fusion, and indicate that discography may produce symptoms in control groups more than a year later, especially in those with emotional and chronic pain problems."Treater report dated 04/02/13 states that patient's cervical spine has been bothering patient more with radiculopathy symptoms to the left extremity; and she would like to proceed with cervical epidural injection, which is consistent with the future medical care of [REDACTED], and that discogram was inappropriately denied. However, ODG guidelines do not recommend C-spine discography, therefore post discogram CT cannot be performed. The request is not medically necessary and appropriate.