

Case Number:	CM13-0015359		
Date Assigned:	03/26/2014	Date of Injury:	06/05/2012
Decision Date:	05/20/2014	UR Denial Date:	07/30/2013
Priority:	Standard	Application Received:	08/22/2013

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 Orthopedic Surgery 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:

This is a 31-year-old female who was injured in a work related accident 06/05/12 sustaining an injury to the neck. Clinical records indicate limited clinical report since the time of injury. There is a noted electrodiagnostic study from 05/02/13 that was noted to be with "active cervical radiculopathy." A clinical follow up report of 07/17/13 indicated continued neck and radiating right shoulder complaints with headaches and paresthesias. Examination findings showed diminished sensation of C5 and C6 dermatomal distribution with diminished cervical range of motion and normal motor function. Previous clinical imaging is not available for review. At the date in question, a two level cervical discography was recommended for further diagnostic interpretation of the claimant's ongoing clinical complaints.

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 WITH ANESTHEISA: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: Based on California ACOEM Guidelines, discography in this instance would not be indicated. Guideline criteria do not recommend the role of discography as a reliable preoperative indicator in the clinical setting. The role of this claimant's continued therapeutic treatment should be based more so on imaging and electrodiagnostic studies. The specific clinical request for cervical discography would not be indicated.