

Case Number:	CM13-0030149		
Date Assigned:	11/27/2013	Date of Injury:	06/03/2011
Decision Date:	02/13/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	09/27/2013

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 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 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 claimant is a 43-year-old female who sustained an injury to the neck in a work related accident on June 3, 2011. The most recent assessment dated May 21, 2013 with [REDACTED] documented that the claimant had continued complaints of pain about the neck with the current diagnoses of status post multilevel cervical decompression and fusion with anterior fixation and probable right brachial radiculitis. Upper extremity examination showed marked tenderness over the lateral epicondyles of the elbow with 4/5 strength with right wrist extension and diminished right brachial radialis reflex. The claimant's prior surgical history was noted to have taken place at the C5-6 and C6-7 levels. At that time, the treating physician recommended a cervical discogram with post discography CT scan to provide "a more definitive diagnosis of her condition". Discography was recommended at the C3-4 and C4-5 levels.

IMR ISSUES, DECISIONS AND RATIONALES

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

Discogram C3-4 qty. 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 304. Decision based on Non-MTUS Citation Official Disability Guidelines, 10th Edition, Web, Low back, Discography.

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

Decision rationale: Based on California ACOEM Guidelines, cervical discography at the requested level C3-4 would not be indicated. ACOEM Guidelines do not support the role of discography as an indicator of preoperative success. It is not recommended at present as a preoperative assessment tool. The records in this case would fail to necessitate the role of discography based on the claimant's current clinical presentation.

Discogram C4-5 qty. 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 304. Decision based on Non-MTUS Citation Official Disability Guidelines, 10th Edition, Web, Low back, Discography

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

Decision rationale: Based on California ACOEM Guidelines, cervical discography at the requested level C4-5 would not be indicated. ACOEM Guidelines do not support the role of discography as an indicator of preoperative success. It is not recommended at present as a preoperative assessment tool. The records in this case would fail to necessitate the role of discography based on the claimant's current clinical presentation.

CT scan, cervical spine qty.1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates: neck procedure - Computed tomography (CT)

Decision rationale: CA MTUS ACOEM Guidelines are silent. When looking at Official Disability Guideline criteria, the CT scan being requested would also not be indicated. The need of discography is not indicated. This would negate the need for post discography CT scan which is being recommended as a post procedural assessment to the discography being requested.