

<b>Case Number:</b>	CM13-0040424		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	01/21/2012
<b>Decision Date:</b>	05/21/2014	<b>UR Denial Date:</b>	10/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### 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:

The injured worker is a 52-year-old female who reported injury on 01/21/2012. The mechanism of injury was the injured worker was moving and lifting 50 pound luggage and felt a sharp/sudden pain in the low back. The documentation of 09/26/2012, the MRI of the cervical spine indicated at the level of C3-4 there was a broad-based disc protrusion that abutted the spinal cord producing spinal cord narrowing. Combined with facet and unciniate arthropathy, there was bilateral neural foraminal narrowing. At the level of C4 through C5 there was facet and unciniate arthropathy that produced bilateral neural foraminal narrowing. At C5-6 there was broad-based disc protrusion that abutted the thecal sac. Additional combined with facet and unciniate arthropathy there was bilateral neural foraminal narrowing. At C6-7 there was central focal disc protrusion that abutted the thecal sacroiliac. The neural foramina were patent. There was bilateral facet arthropathy. There was a Schmorl's node at C6. The documentation of 07/24/2013 revealed the injured worker had constant pain in the neck and severe headaches aggravated by activity. The physical examination revealed the injured worker had spinous process tenderness of the mid cervical area greater at the C5-6 level with lesser tenderness immediately above and below the level. There was moderate paraspinal muscle guarding with tenderness. There was slight to moderate occipital tenderness bilaterally reproducing headaches and bilateral trapezius spasm and tenderness greater on the left. There was a mild hypoesthesia of the thumb, index and middle finger on the right side. There was weakness of the hand grip on the right, weakness of the intrinsic adduction and abduction as well as weakness of the triceps compared to the left. The reflexes were 1+ bilaterally. The diagnosis was cervical spondylosis primarily C5-6 and lesser C6-7 with radiculopathy to the right upper extremity. The recommendation and treatment included the injured worker had an MRI that showed primarily abnormality at C5-6 which is where the injured worker's symptomatology was as well as lesser

abnormalities of C4-5 and C5-6. The physician opined in order to appropriately determine the level for surgery, a provocative cervical discogram was recommended. The documentation of 09/25/2013 revealed as the injured worker had failed conservative treatment greater than 6 months and was requesting to proceed with a surgical intervention; the injured worker would need a discogram.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **CERVICAL PROVOCATIVE DISCOGRAM C4-5, C5-6, C6-7: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 181-183.

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

**Decision rationale:** The Official Disability Guidelines do not recommend discography. However, if the provider and payer agree to perform anyway, the injured worker should have documentation of neck pain of 3 or more months, failure of recommended conservative treatment, an MRI demonstrating 1 or more degenerated discs as well as 1 or more normal appearing discs to allow for internal control injection, and satisfactory results from a psychosocial assessment. The ODG further indicates that due to high rates of positive discogram after surgery for disc herniation, there should be a potential reason for noncertification. The clinical documentation submitted for review indicated the injured worker had neck pain of 3 or more months and had failure of recommended conservative treatment as well as an MRI demonstrating 1 or more degenerated discs. There was a lack of documentation of a psychosocial assessment. Additionally, as the test is not recommended per Official Disability Guidelines, there was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. Given the above, the request for a cervical provocative discogram C4-5, C5-6 and C6-7 is not medically necessary.