

Case Number:	CM13-0062839		
Date Assigned:	12/30/2013	Date of Injury:	06/25/2012
Decision Date:	04/18/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	11/26/2013

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, has a subspecialty in Fellowship trained in Spine Surgery and is licensed to practice in Texas and 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 expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records: The patient is a 37-year-old female who reported an injury on 06/25/2012. The patient reportedly sustained an injury to their back after being hit by a forklift. The patient ultimately developed chronic cervical and low back pain. The patient underwent an MRI in 05/2013 of the cervical spine that documented multilevel disc protrusions causing nerve root impingement. The patient's treatment history included epidural steroid injections, medications, physical therapy, and chiropractic care. The patient's most recent clinical evaluation documented that the patient had 6/10 neck pain radiating into the right upper extremity alleviated by medications. Physical findings included tenderness to palpation along the C4, C5, C6, paravertebral musculature, and mild pain with range of motion. The patient's diagnoses included neck strain and low back pain. The patient's treatment plan included continuation of medications and a discogram to determine the patient's pain generator.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Discogram C3-C4, C4-C5, C5-C6 and C6-C7 with possible CT scan: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines - Treatment for Workers' Compensation (TWC), Disability Duration Guidelines (DDG)

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

Decision rationale: The requested cervical discogram for the C3-4, C4-5, C5-6, and C6-7 with possible CT scan is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine do not routinely recommend discograms as there is little scientific evidence to support efficacy or safety of this type of diagnostic study. However, the American College of Occupational and Environmental Medicine guidelines do recognize that this diagnostic study is routinely used in preparation for surgical intervention. The clinical documentation submitted for review does provide evidence that the patient is open to surgical intervention based on the results of the requested discogram. However, the clinical documentation does not specifically identify a surgical treatment plan for this patient. As it is unclear if this study is in preparation for a cervical fusion or other disc related procedures, it is unclear how this study would contribute to the patient's treatment planning. As such, the requested discogram for the C3-4, C4-5, C5-6, and C6-7 with possible CT scan is not medically necessary or appropriate.