

Case Number:	CM14-0001442		
Date Assigned:	01/22/2014	Date of Injury:	01/06/1997
Decision Date:	04/22/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	01/06/2014

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 Spine 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 patient is a 59-year-old female who reported an injury on 01/06/1997. The mechanism of injury was not provided in the medical records. The patient was diagnosed with closed dislocation, multiple cervical vertebrae. The patient's symptoms included pain to the left lower back, pain with soreness to the left side of the neck, and pain in the left hip. On the Visual Analog Scale of 0 to 10, the patient noted her overall pain at 4/10. Clinical examination of the cervical spine, thoracic spine, and sacral range indicated apparent joint dysfunction coupled with tender and inflamed muscles at the left upper cervical area. Evidence of misalignment was present together with pain to palpation, and edema located at the right middle cervical region. Misalignment is identified together with tenderness and edema specific to the left upper thoracic range. The presence of malposition is detected together with myospasm, edema, and pain to palpation in the left sacral region. The cervical and/or lumbar ranges of motion are limited with moderate pain. Past medical treatment was not provided in the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

A PROVOCATIVE DISCOGRAM AT C4-C6: Upheld

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

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

Decision rationale: According to the California Medical Treatment & Utilization Schedule, there is significant scientific evidence that questions the usefulness of diskography in fusion cases. While recent studies indicate discography to be relatively safe and have a low complication rate, some studies suggest the opposite to be true. The documentation submitted indicated the patient continued to have pain with soreness to the left side of the neck. There is a lack of physical examination findings to support the patient is a surgical candidate. As such, the request for a provocative discogram at C4-5 C5-6 is non-certified.