

Case Number:	CM14-0009724		
Date Assigned:	02/21/2014	Date of Injury:	05/26/2011
Decision Date:	06/25/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	01/24/2014

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 Physical Medicine and Rehabilitation, 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 46-year-old female who reported an injury on 05/26/2011 due to cumulative trauma while performing normal job duties. The injured worker ultimately underwent a fusion at C4-6 on 04/25/2013 with residual pain. The injured worker was treated postsurgically with physical therapy and cervical epidural steroid injections. The injured worker underwent MRI of the cervical spine in 11/2013 that documented there was cervical spondylosis at C3-4 and C6-7 discs and a 2.5 mm disc protrusion at C6-7. There was evidence of a fusion at C4-5 and C5-6 with no evidence of subluxation. The injured worker underwent a CT scan of the cervical spine on 12/17/2013 that documented postsurgical changes at C4-5 and C5-6, cervical spondylosis at C3-4 and C6-7 levels and disc bulging at C6-7 and C3-4. The injured worker was evaluated on 12/23/2013. It was noted that the injured worker had significant ongoing upper back pain. Physical findings included limited range of motion secondary to pain with tenderness to palpation of the cervical spine and no evidence of radicular symptoms. The injured worker's diagnoses included lateral epicondylitis, bilateral carpal tunnel syndrome, left hand atrophy, cervical spondylosis, disc degeneration of the cervical spine, cervical spine stenosis, cervical radiculopathy bilaterally, and status post cervical spinal fusion. The injured worker's treatment plan included a discogram and pain management consult.

IMR ISSUES, DECISIONS AND RATIONALES

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

PAIN MANAGEMENT CONSULTATION: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: The requested pain management consultation is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommend referrals for injured workers who are at risk for delayed recovery for specialty consultations when the treating provider has exhausted all resources within his scope of practice to address the injured worker's pain. The clinical documentation submitted for review does not indicate that the treating physician has exhausted all resources. Therefore, the need for additional expertise of a pain management specialist is not clearly indicated. As such, the requested pain management consultation is not medically necessary or appropriate.

DIAGNOSTIC DISCOGRAM C3-C4 AND C6-C7: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The requested diagnostic discogram at C3-4 and C6-7 is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine do not recommend discograms unless there is a need to determine pain generators to contribute to surgical treatment planning. The clinical documentation does indicate that the injured worker has a disc bulge at C3-4 and C6-7. However, there is no documentation of instability or neurological deficits to support the need for fusion surgery. Therefore, a discogram would not be supported. As such, the requested diagnostic discogram at C3-4 and C6-7 is not medically necessary or appropriate.