

<b>Case Number:</b>	CM14-0100538		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	08/16/2001
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	06/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2014

### 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 and is licensed to practice in New York. 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 has chronic neck pain. The patient also reports pain radiating to the right hand. Physical examination shows tenderness to palpation of the posterior neck. There is also numbness in the C6 distribution. There is tenderness to the right upper Capizzi is. MRI from 2014 shows 2 mm disc protrusion at C4-5. At C5-6 is 2 mm disc bulge. At C6-7 there is 2 mm disc osteophyte complex. There is no significant spinal stenosis. The patient continues to have pain despite conservative measures. The patient has had extensive physical therapy and failed pain management. At issue is whether cervical discogram is medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Discogram Cervical (C) 3-C7:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178, 182. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment for Workers Compensation (TWC): Neck & Upper Back Procedure Summary, (4/14/14).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MTUS neck pain chapter, ODG neck pain chapter

**Decision rationale:** Cervical discogram is not medically necessary. Cervical discogram is a test done Prior to considering and for planning purposes for cervical fusion. This patient is not an appropriate candidate for multilevel cervical fusion. The patient does not have significant neurologic deficit, fracture, or instability or any other clinical indication for cervical fusion. Guidelines do not support multiple levels of cervical fusion in patients with degenerative disc condition and chronic neck pain without instability, fracture, or tumor. In addition to the patient does not have a significant neurologic deficit that correlates with imaging studies. Since cervical fusion surgery is not medically necessary, then cervical discogram at multiple levels is not medically necessary. Guidelines for cervical discogram not met.