

Case Number:	CM14-0101164		
Date Assigned:	07/30/2014	Date of Injury:	04/16/1999
Decision Date:	09/09/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	07/01/2014

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 Anesthesiology, has a subspecialty in Pain Medicine 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 57 year old male who had a work related injury on 04/16/99. The injured worker was injured when he was struck by a scissors lift when a coworker using the lift, hit the injured worker in the head and left side of his neck and shoulder. Most recent clinical documentation submitted for review was dated 05/08/14. The injured worker suffers with ongoing neck pain radiating to his arms. Physical examination showed severe restriction of flexion/extension and rotation in the neck. The injured worker had absent biceps and brachioradialis reflexes. Tricep reflexes seemed to be intact. The injured worker had reasonably good sensation in his hands. The injured worker had weakness of grip bilaterally. Range of motion of the neck showed at least 50% loss of flexion/extension and rotation. Prior utilization review on 06/12/14 was non-certified. In reviewing the medical records there was no clear understanding on why a discography had been ordered. There has been no clinical documentation that the injured worker was a surgical candidate.

IMR ISSUES, DECISIONS AND RATIONALES

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

Discogram C3-T1 followed by CT Scan reconstructed in sagittal and coronal views: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, 2014, Neck and Upper Back: Discography.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: Discography is frequently used prior to cervical fusions and certain disk related procedures. There is significant scientific evidence that questions the usefulness of discography in those settings. While recent studies indicate discography to be relatively safe and have a low complication rate, some studies suggest the opposite to be true. In any case, clear evidence is lacking to support its efficacy over other imaging procedures in identifying the location of cervical symptoms, and, therefore, directing intervention appropriately. Evidence based guidelines do not support the request. As such, the request is not medically necessary and appropriate.