MAXIMUS Federal Services

Case Number:	CM14-0105871		
Date Assigned:	07/30/2014	Date of Injury:	09/24/2012
Decision Date:	09/30/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/09/2014

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 Illinois. 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 43-year-old male who reported an injury on 09/24/2012. The mechanism of injury is not provided. On 02/24/2014, the injured worker presented with constant neck and upper back pain and frequent pain and numbness in the left arm. The diagnoses were post-traumatic daily headaches uncontrolled, chronic myofascial pain syndrome of the cervical spine and mild left ulnar nerve entrapment of the left elbow. On the examination of the cervical spine and thoracic spine there was slightly restricted range of motion in all planes. There were multiple myofascial trigger points and taut bands noted throughout the cervical paraspinal, trapezius, levator scapulae, scalene, infraspinatus and interscapular muscles. There is a positive neck compression test and decreased sensation to fine touch and pinprick over the bilateral thumbs, 4th and 5th digits. Prior therapy included home muscle stretching exercises, aquatic therapy, and deep breathing and relaxation techniques. The provider recommended a discogram with CT scan of the cervical spine, the provider's rationale is not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Discogram with CT Scan of the Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The Expert Reviewer based his/her decision on the MTUS ACOEM Practice Guidelines, Chapter 8 Neck and Upper Back Complaints, pages 177-179. The Expert Reviewer's decision rationale:The California MTUS/ACOEM Guidelines state for injured worker's presenting with true neck or upper back problems, "special studies are not needed unless a 3 to 4 period of conservative care notes the patient fails to improve symptoms. Most injured workers improve quickly provided any red flag conditions are ruled out. The criteria for ordering imaging studies include emergence of a red flag, physiological evidence of a tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery and clarification of an anatomy prior to an invasive procedure. Discography is strictly used prior to cervical fusions and certain disc related procedures." There is significance scientific evidence that questions the usefulness of discography in those settings. While recent studies indicate discography to be relatively safe and have low complication rates, some studies suggest the opposite to be true. In any case, clear evidence is lacking to support its efficacy over the other imaging procedures in identifying the location of cervical symptoms and therefore, directing intervention appropriately. Imaging may not correlate anatomically or temporarily with symptoms. Because this area is rapidly evolving, clinician's should consult the latest available studies. There is lack of documentation of the injured worker's failure to respond to a 4 week period of conservative treatment to include medications and physical medicine. Additionally, there is lack of evidence of an emergence of a red flag or physiological evidence of a tissue insult or neurologic dysfunction. As such, medical necessity has not been established.