

Case Number:	CM14-0109884		
Date Assigned:	08/01/2014	Date of Injury:	01/23/2012
Decision Date:	09/26/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	07/14/2014

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 Texas. 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 56 year old male who sustained an injury to his neck on 01/23/12. The mechanism of injury is undisclosed. MRI of the cervical spine dated 06/14/12 revealed a thirty percent decrease in disc height and partial dehydration of the disc; modic changes in adjacent vertebral bony endplates; 2 to 3 millimeters posterior disc protrusion with encroachment on the subarachnoid space at C3 to C4; encroachment on the neural foramina bilaterally with compromise on the exiting nerve roots bilaterally greater on the right side; C4 to C5, unremarkable and disc height/signal were maintained; C5 to C6 partial dehydration of the disc; 3 millimeters anterior disc protrusion with encroachment on the anterior longitudinal ligament; C6 to C7 2 millimeters right posterolateral disc protrusion/osteophyte formation complex with encroachment on the right neural foramen and compromise on the exiting right nerve root; subtle 2 millimeters focus of increased signal identified in the central aspect of the cord. Progress report dated 05/21/14 reported that the injured worker complained of pain located in the neck and left shoulder described as dull, achy, and stabbing radiating into the left shoulder/arm; weakness also noted in the arm. The injured worker was recommended for discogram with monitored anesthesia care and epidurography.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical 3 - Cervical 7 Discogram with Monitored Anesthesia Care, with Epidurography:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -Treatment in Workman's Compensation (TWC): Neck and Upper Back Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back chapter, Discography.

Decision rationale: Previous request was denied on the basis that evidence based guidelines do not support the request due to limited evidence of accuracy in diagnosing spinal conditions. The Official Disability Guidelines state that treatment with this modality is not recommended. Conflicting evidence exists in this area, though some recent studies condemn its use as a preoperative indication for intradiscal electrothermal coagulation (IDET) or fusion and indicate that discography may produce symptoms and control groups more than a year later, especially in those with emotional and chronic pain problems. Controversy regarding the specificity of cervical discograms has also been debated and more research is needed. Given this, the request for C3 to C7 discogram with monitored anesthesia, with epidurography is not indicated as medically necessary.