

<b>Case Number:</b>	CM14-0159822		
<b>Date Assigned:</b>	10/03/2014	<b>Date of Injury:</b>	06/05/2012
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	09/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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 51-year-old female who reported an injury on 06/05/2012 due to a lifting injury. The mechanism of injury was not provided. On 04/02/2014, the injured worker presented with right elbow pain. She also has complaints of neck pain. Diagnoses were cervical spine and thoracic spine sprain/strain, cervical spine radiculopathy, cervical spine and thoracic spine myospasm, and rule out cervical spine and thoracic spine disc syndrome. Prior therapy included a cervical epidural steroid injection, medications, and topical analgesics. MRI of the cervical spine performed on 07/17/2012 noted a normal study. Examination of the cervical spine noted midline and cervical paravertebral pain in the left and pain in the upper thoracic midline from T1 through about T5. There was tenderness to palpation over the levator scapulae with spasm. There was tenderness noted over the right supraspinatus and rhomboids bilaterally. Also tenderness noted over the right trapezius. There was decreased sensation from the T1 dermatome on the right compared to the left. The provider recommended a discogram with monitored anesthesia and epidurography for the C3-4, C4-5, and C5-6 and C6-7 cervical spine. The provider's rationale was 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:

**Testing : C3-4, C4-5, C5-6 AND C6-7 cervical spine discogram with monitored anesthesia and 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-TWC)

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

**Decision rationale:** The request for Testing: C3-4, C4-5, C5-6 AND C6-7 cervical spine discogram with monitored anesthesia and epidurography is not medically necessary. The California MTUS/ACOEM Guidelines state that for most injured workers presenting with true neck or upper back problems, special studies are not needed unless a 3 to 4 week period of conservative care and observation fails to improve symptoms. Most injured workers improve quickly provided any red flag conditions are ruled out. Criteria for use of an imaging study include emergence of a red flag, physiologic evidence of a tissue insult, or neurological dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of anatomy prior to the invasive procedure. Unequivocal findings that identify specific nerve compromise on neurological examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic exam is less clear; however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Documentation of prior conservative treatment was not provided. Additionally, there is lack of evidence of an emergence of a red flag. The provider's rationale was not provided in the medical documents for review. As such, medical necessity has not been established.