

Case Number:	CM14-0177281		
Date Assigned:	10/30/2014	Date of Injury:	04/10/2012
Decision Date:	12/10/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/27/2014

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 Occupational Medicine and is licensed to practice in Iowa. 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 is a 54 year-old female with a date of injury of 4/10/2012. A review of the medical documentation indicates that the patient is undergoing treatment for chronic upper back and neck pain. Subjective complaints (8/5/2014) include constant neck pain of 7-8/10 severity, worsening with movement, and right shoulder pain of 4/10 severity; patient also has headaches and dizziness. Objective findings (8/5/2014) include tenderness to palpation of the cervical paraspinal muscles and interscapular space, decreased sensation over the C6 dermatome, decreased cervical range of motion, decreased upper extremity reflexes, tenderness over the right AC joint and anterior shoulder, and decreased range of motion in right shoulder with positive impingement and Neer's signs. Diagnoses include right shoulder impingement, C5-6 disc degeneration and stenosis, vertigo, tinnitus, and headache. The patient has undergone studies to include multiple X-rays and MRIs of both the cervical spine and shoulder; X-rays (2013) showed calcification and spurring of C4-6 and normal shoulder; MRI of right shoulder (2013) showed active bursitis and moderate joint degeneration; and MRI of cervical spine (2014) showed C5-6 degenerative disc and osteophyte disease and C6-7 mild degenerative disease. The patient has previously undergone epidural steroid therapy, lifestyle modifications, physical therapy, and medications. A utilization review dated 9/25/2014 did not certify the request for discogram at C5-6, C6-7 with negative control.

IMR ISSUES, DECISIONS AND RATIONALES

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

Discogram at C5-C6 and C6-C7 with Negative Control: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS 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) Neck and Upper Back, Discography

Decision rationale: Discography is a test in which contrast is injected under fluoroscopy prior to cervical fusions and disc-related procedures, and is used to assist in determining the specific level or levels causing the neck pain. MTUS states recent studies have given conflicting evidence, with significant evidence that questions the usefulness of discography. Some studies do not support the efficacy over other imaging procedures in identifying the location of cervical symptoms, as tears may not correlate anatomically or temporally with symptoms. MTUS gives preoperative discography a D grade (not recommended). Official Disability Guidelines states there is controversy regarding the specificity of cervical discograms and more research is needed. Although discography may be more accurate than other radiologic studies in detecting degenerative disc disease, its ability to improve surgical outcomes has yet to be proven. Official Disability Guidelines indicates the procedure is not recommended, stating that conflicting evidence exists, and some studies indicate the procedure may produce recurring long-term symptoms. If discography is pursued, Official Disability Guidelines recommends the following criteria: 1) neck pain of 3 or more months, 2) failure of conservative treatment, 3) MRI demonstrating degenerative discs (with one normal for control), 4) satisfactory results from psychosocial assessment, 5) candidate for surgery, 6) education provided on potential risks and benefits, and 7) no prior disc herniation surgery. Regarding the criteria, the patient does appear to meet six of the seven criteria. The patient has had neck pain in excess of 3 months, the treating physician indicates she has failed conservative therapies and injections, MRI showed mild degenerative disease (with normal control), the physician indicates the patient is a candidate for surgery and stated the procedure was discussed, and the patient has no prior disc surgeries. However, no results were available from a psychosocial assessment. Although the patient does meet many of the criteria, the assessment has not been completed, and the evidence supporting this procedure is conflicting, leading to non-recommendation by both guidelines. Therefore, the request for discogram at C5-6 and C6-7 with negative control is not medically necessary.