

Case Number:	CM14-0030040		
Date Assigned:	06/20/2014	Date of Injury:	01/19/2008
Decision Date:	08/08/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	03/10/2014

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 & 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 53-year-old male who reported an injury on 01/19/2008. The mechanism of injury was noted to be stumbling down stairs. The injured worker's diagnosis was noted to be cervical disc displacement. The injured worker had an evaluation on 02/11/2014. His complaints were noted to be pain in the neck, upper back, lower back, shoulders, arms, legs, left hip and left knee. He indicated numbness on the bottom of his left foot and a numbness and tingling sensation in his left hand. He experienced periodic cramping in his right hand. The injured worker's physical evaluation included normal findings. The neurologic examination revealed decreased hearing bilaterally to finger rub, more severe in the left ear than in the right. The motor and sensory examinations were grossly intact, including normal vibratory sensation. The deep tendon reflexes were intact and symmetrical. No abnormalities of gait were observed. It was noted that a complete blood count, urinalysis and chemistry panel were ordered. The results were normal. The evaluation noted the injured worker had a medical condition that was considered permanent and stationary for rating purposes. It was noted that the injured worker had effectively reached the point of Maximum Medical Improvement. The provider's rationale for the request of cervical discography was not provided within the documentation. A Request for Authorization for Medical Treatment was not provided within the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Discography from C3-7: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Discography.

Decision rationale: The request for cervical discography from C3-7 is not medically necessary. The California MTUS/American College of Occupational and Environmental Medicine state: discography is frequently used prior to cervical fusions and certain disc-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 to 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 interventions appropriately. The Official Disability Guidelines do not recommend discography as conflicting evidence exists in this area, though some recent studies condemn its use as a preoperative indication for fusion and indicate that discography may produce symptoms in control groups more than a year later, especially in those with emotional and chronic pain problems. The documentation provided does not indicate that the injured worker is a candidate for a fusion surgery. The guidelines do not recommend discography. Therefore, the request for cervical discography from C3-7 is not medically necessary.