

Case Number:	CM14-0032556		
Date Assigned:	10/01/2014	Date of Injury:	02/02/2012
Decision Date:	10/28/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	03/14/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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 41-year-old individual with an original date of injury of February 2, 2012. The injured worker's industrial diagnoses include chronic neck pain, cervical radiculopathy, cervical degenerative disc disease, cervical disc displacement, chronic headaches associated with cervical pain, upper back pain, and migraines area MRI of the cervical spines on date of service may 10th 2012 demonstrated 2 mm posterior disc protrusion with encroachment on the subarachnoid space at the levels of C5-C6, C6-C7, and C7-T1. The disputed issue is a request for cervical discography. This was denied in a utilization review, citing that discogram has limited support for evidence-based guidelines. The reviewer felt that the positive findings on MRI with disc protrusions at multiple levels and limited further evidence of significant or specific current functional and objective limitations were reasons against pursuing this diagnostic procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

C3-C4, C4-C5, C5-C6, C6-C7 DISCOGRAM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back Procedure Summary, updated 12/16/2013

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: Section 9792.23.1 Neck and Upper Back Complaints states the following: "The Administrative Director adopts and incorporates by reference the Neck and Upper Back Complaints Chapter American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines, 2nd Edition (2004), Chapter 8) into the California Medical Treatment Utilization Schedule (MTUS) from the ACOEM Practice Guidelines." ACOEM Chapter 8 page 178 state the following: "Diskography is frequently used prior to cervical fusions and certain diskrelated procedures. There is significant scientific evidence that questions the usefulness of diskography in those settings. While recent studies indicate diskography to be relatively safe and 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 intervention appropriately. Tears may not correlate anatomically or temporally with symptoms. Because this area is rapidly evolving, clinicians should consult the latest available studies." Furthermore, Table 8-8 from Chapter 8 specifically recommends against preoperative discography. Given these guidelines, which supersede other national evidence based guidelines since they were adopted as part of the California-MTUS, this request is not medically necessary.