

Case Number:	CM14-0073379		
Date Assigned:	07/16/2014	Date of Injury:	03/28/2006
Decision Date:	08/27/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	05/20/2014

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 & Rehab 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:

According to the records made available for review, this is a 58-year-old female with a 3/28/06 date of injury. At the time (1/20/14) of request for authorization for Cervical discogram C4 -7 with negative control at C3-4, there is documentation of subjective (constant cervical spine pain at the base of the neck radiating down the bilateral upper extremities, numbness and tingling to bilateral hands, right greater than left) and objective (cervical flexion 38 degrees with pain, extension 40 degrees with pain, extension elicits greater pain than flexion, bilateral rotation approximately 50 degrees, +1 spasm over paracervical muscles, and axial compression test elicits pain to the bilateral shoulder and trapezius area) findings, current diagnoses (cervical spine sprain/strain), and treatment to date (cervical epidural steroid injections, acupuncture, physical therapy, and medications (including Norco, Ambien, and Flexeril)). There is no documentation of a plan for cervical fusion or disk related procedures.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical discogram C4 -7 with negative control at C3-4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck Chapter, Discography.

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

Decision rationale: MTUS reference to ACOEM Guidelines identifies that Diskography is frequently used prior to cervical fusions and certain disk related procedures, but clear evidence is lacking to support its efficacy over other imaging procedures in identifying the location of cervical symptoms. Within the medical information available for review, there is documentation of a diagnosis of cervical spine sprain/strain. However, there is no documentation of a plan for cervical fusion or disk related procedures. Therefore, based on guidelines and a review of the evidence, the request for Cervical discogram C4 -7 with negative control at C3-4 is not medically necessary.