

<b>Case Number:</b>	CM14-0204745		
<b>Date Assigned:</b>	12/17/2014	<b>Date of Injury:</b>	05/10/2010
<b>Decision Date:</b>	02/11/2015	<b>UR Denial Date:</b>	12/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/08/2014

### 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 Internal Medicine, has a subspecialty in Hospice Palliative Medicine and is licensed to practice in Pennsylvania. 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 39-year-old woman with a date of injury of 05/10/2010. A treating physician note dated 09/04/2014 identified the mechanism of injury as having fallen, resulting in pain in multiple areas of her body. This note indicated the worker was experiencing neck pain and stiffness that went into both arms with numbness and tingling, associated headaches, decreased sleep, left shoulder pain with overhead activities and with popping and grinding, grip and leg weakness, problems with fine motor movements, lower back pain that went into the legs with numbness and tingling, left ankle and hip pain, and anxious and depressed mood. The documented examination described tenderness in the upper back with moderate muscle spasms. The submitted and reviewed documentation concluded the worker was suffering from chronic cervical pain with radicular components. Treatment recommendations included discography. A Utilization Review decision was rendered on 12/01/2014 recommending non-certification for a discogram at C5-C6 and C6-C7.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Discogram C5-C6 and C6-C7:** 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, Neck Chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Neck and Upper Back Complaints, Low Back Complaints Page(s): 178 and 182; 303-306, 309.

**Decision rationale:** The MTUS Guidelines do not recommend the use of discography (a Discogram) in this setting. False positive results involving both the upper and lower back are not uncommon, and negatives result also have limited reliability. Further, on-going pain related to the procedure itself can occur. When discography is considered, the Guidelines require the worker to have had pain for at least three months, documentation of failed conservative treatment, satisfactory results from a detailed psychosocial assessment to limit the risk of negative effects, the worker to be a surgical candidate, and a documented discussion with the worker detailing the risks and benefits of discography and of surgery. The submitted and reviewed documentation concluded the worker was suffering from chronic cervical pain with radicular components. A discussion detailed many of the components required by the Guidelines. However, a detailed psychosocial assessment was not recorded as required, and satisfactory results of such an assessment were not suggested. In the absence of such evidence, the current request for a Discogram at C5-6 and C6-7 is not medically necessary.