

Case Number:	CM15-0008634		
Date Assigned:	01/26/2015	Date of Injury:	09/17/2012
Decision Date:	03/24/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/14/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

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 female who reported an injury on 09/17/2012. The mechanism of injury was not provided. The injured worker was noted to undergo x-rays of the cervical spine on 03/01/2013 which revealed straightening of the cervical spine which may be related to splinting from pain or muscle sprain. There was no evidence of fracture or subluxation at C1-7. There was a Request for Authorization submitted for review dated 12/16/2014. The documentation of 11/20/2014 revealed the injured worker had utilized ice, NSAIDs, rest, and heat application and had improvement. The pain was dull, achy, and stabbing. The pain radiated into the right shoulder. The injured worker had paresthesia in the hand. The injured worker had chronic neck pain with associated headaches since an injection. The injured worker had an epidural steroid injection on 03/17/2014. The injured worker had pain in the neck, low back, right hip and buttock, left hip and buttock, and right arm. The injured worker had undergone an x-ray and an MRI. The objective findings revealed asymmetry of the neck and shoulders with tilting of the head and neck to the left. On axial compression of the cervical spine, there was right trapezius tenderness. There was tenderness to palpation in the trapezial area. The injured worker had muscle spasms. Cervical spine range of motion was restricted in forward flexion, backward extension, right lateral and left lateral tilt, and in rotation. The upper extremity sensation to light touch was diminished over the C5 dermatome and the C6 dermatome. Motor strength was 5/5. Reflexes were equal and symmetric bilaterally. The diagnosis included degeneration of cervical intervertebral disc, cervical disc displacement, and cervical radiculitis. The treatment plan included a request for a discogram at C3-7 as the injured worker had

symptoms of neck pain and neuropathy becoming worse. The injured worker indicated the neck pain was making it difficult for her to perform activities of daily living and there were no other alternative therapies available to the injured worker. Additionally, the injured worker indicated they would like to have IV sedation due to a fear of spinal injection. The injured worker was given Duexis 800/20 mg and was to continue their physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

C3-C7 Discogram and epidurography with monitored anesthesia: 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 and Upper Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The American College of Occupational and Environmental Medicine Guidelines indicate that special studies and diagnostic considerations are not needed unless there has been a 3 to 4 week period of conservative care and observation that fails to improve symptoms. Additionally, they indicate that clear evidence is lacking to support the use of discography over other imaging procedures in identifying the location of cervical symptoms. There was a lack of documentation of exceptional factors to support the necessity for the requested testing. As the intervention is not medically necessary, epidurography and monitored anesthesia would not be necessary. Given the above, the request for C3-7 discogram and epidurography with monitored anesthesia is not medically necessary.