

Case Number:	CM15-0168315		
Date Assigned:	09/09/2015	Date of Injury:	04/10/2012
Decision Date:	10/14/2015	UR Denial Date:	07/28/2015
Priority:	Standard	Application Received:	08/26/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 55 year old female patient, who sustained an industrial injury on April 10, 2012. The diagnoses include right shoulder impingement syndrome and AC joint arthritis, cervical 5-6 degeneration, cervical 5-6 stenosis, vertigo, tinnitus, cervicogenic headaches and closed head injury. Per the doctor's note dated 7/22/15, she had complaints of headache, neck pain and right shoulder pain. Per the doctor's note dated June 22, 2015, she had failed various conservative therapies including physical therapy, acupuncture, chiropractic care, epidural steroid injections, medications including NSAIDs and activity restrictions. She had complaints of neck pain at 7 on a 1-10 visual analog scale (VAS) with 10 being the worst with the use of medications and 9 on the VAS scale without the use of medications, headaches at 5-6 on the VAS with the use of medications and 7 on the VAS without the use of medications and right shoulder pain at 5-6 on the VAS with the use of medications and 7 on the VAS without the use of medications. The physical examination of the cervical spine revealed tenderness, decreased range of motion and decreased sensation in the right C6 and C7 dermatomes. The current medications list is not specified in the records provided. She underwent a pre-surgical psychological evaluation on 5/11/15 and was noted to be a candidate for surgical intervention of the cervical spine. She has had Magnetic resonance imaging (MRI) of the cervical spine on January 2, 2014, which revealed degenerative disc disease and osteophyte disease resulting in ventral cord effacement without canal stenosis, mild bilateral neural foraminal narrowing, mild degenerative disease at C6-7; Brain MRI on May 7, 2014 which revealed early small vessel disease versus white matter change; right shoulder MRI dated 3/8/2013. She has had physical therapy, acupuncture,

chiropractic care, epidural steroid injections, medications including NSAIDs, pre-surgical psychological evaluation, activity restrictions and work restrictions for this injury. Diagnostic discogram at C5-6 and C6-7 with negative control was requested. The request was noncertified on July 28, 2015, secondary to no indication per guidelines for discograms in individuals suffering from cervical radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic discogram at C5-6 and C6-7 with negative control: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Neck & Upper Back (updated 06/25/15)Discography.

Decision rationale: Diagnostic discogram at C5-6 and C6-7 with negative control. Per the ACOEM neck guidelines " Diskography is frequently used prior to cervical fusions and certain disk related 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." In addition per the ODG " Discography is Not Recommended in ODG Patient selection criteria for Discography if provider & payor agree to perform anyway: Neck pain of 3 or more months. Failure of recommended conservative treatment. An MRI demonstrating one or more degenerated discs as well as one or more normal appearing discs to allow for an internal control injection (injection of a normal disc to validate the procedure by a lack of a pain response to that injection). Satisfactory results from psychosocial assessment (discography in subjects with emotional & chronic pain has been associated with reports of significant prolonged back pain after injection, and thus should be avoided). Should be considered a candidate for surgery. Should be briefed on potential risks and benefits both from discography and from surgery. Due to high rates of positive discogram after surgery for disc herniation, this should be potential reason for non-certification." The presence of all these criteria, for the need of discography in this patient was not specified in the records provided .There is no high-grade scientific evidence to support discography in this patient. Response to recent conservative therapy including physical therapy and pharmacotherapy with conservative therapy notes are not specified in the records provided. The medical necessity of Diagnostic discogram at C5-6 and C6-7 with negative control is not fully established for this patient at this juncture.