

Case Number:	CM15-0181503		
Date Assigned:	09/22/2015	Date of Injury:	11/02/2014
Decision Date:	11/03/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/15/2015

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, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic neck pain reportedly associated with an industrial injury of November 2, 2014. In a Utilization Review report dated September 8, 2015, the claims administrator failed to approve a request for a cervical discogram. A July 10, 2015 date of service was referenced in the determination. The claims administrator did seemingly approve request for cervical and thoracic MRI imaging. The applicant's attorney subsequently appealed. On said July 10, 2015 office visit, the applicant reported "horrible" neck pain with associated radiation of pain to the arms. Mid and low back pain were also reported. The applicant was described as having congenital spinal stenosis and mild spinal stenosis noted on cervical MRI imaging. The applicant had a pending rheumatology evaluation. The attending provider contended that the degree of spinal stenosis was underestimated by the radiologist but that he nevertheless believed that the applicant was not a candidate for any kind of neurosurgical intervention. Repeat cervical and thoracic MRI imaging with contrast were sought, along with a cervical discogram. Rheumatology consultation was endorsed. The applicant's work status was not clearly detailed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Cervical Discogram DOS: 7/10/2015: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd Edition, 2011, Cervical and Thoracic Spine Disorders page 56.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

Decision rationale: No, the request for a discogram is not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182 discography, i.e., the article at issue, is deemed "not recommended". Here, the attending provider failed to furnish a clear or compelling rationale for selection of this particular imaging modality in the face of the unfavorable ACOEM position on the same. It was further noted that the attending provider concurrently ordered cervical and thoracic MRI studies on July 10, 2015, the results of which, if positive, would have effectively obviated the need for the discogram in question. Therefore, the request is not medically necessary.