

Case Number:	CM15-0203250		
Date Assigned:	10/19/2015	Date of Injury:	01/22/2011
Decision Date:	12/01/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	10/15/2015

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: Arizona, 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:

The injured worker is a 32 year old female who sustained an industrial injury on January 22, 2011. The worker is being treated for: failed cervical spine surgery, disc protrusion, cervical and l pseudoarthritis. Subjective: September 21, 2015, pain radiating to the right upper extremity into scapula from the neck. Has been taking anti-inflammatories intermittently, which "seem to help a little." Objective: August 03, 2015, without scoliosis, normal curvature lordosis, kyphosis and lumbar lordosis with no list. There is loss of 75% forward flexion, extension, left side bending, and right sided bending with pain; positive muscle spasm in the bilateral thoracic spine; SLR bilaterally to 70 degrees without pain. Medications: March 23, 2015, August 03, 2015: Dexilant, and Zyrtec. March 05, 2015: Dexilant, Zantac, and Zyrtec. Diagnostics: MRI of cervical spine. Treatment: activity modifications, medications, status post cervical artificial disc replacement June 2012 without any significant relief, participated in a functional restoration program without any improvement in pain, although became somewhat more functional, cervical facet injections July 2015 without any pain relief. On September 21, 2015 a request was made for discogram to evaluate cervical disc that was noncertified by Utilization Review on October 15, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Discogram to evaluate the cervical disc: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter (updated 06/25/15).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck chapter and pg 20.

Decision rationale: According to the ODG guidelines, Discograms are not recommended due to conflicting evidence. If it were used, it should be reserved for those with: 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. In this case, the claimant already underwent disc replacement in 2012. The claimant had tearing of the supraspinatus tendons on MRI. The claimant had failed to improve in a functional restoration program. There was mention of considering injections and this would be equally beneficial in determining location of disc related pain. The request for a discogram is not medically necessary.