MAXIMUS Federal Services

Case Number:	CM15-0021254		
Date Assigned:	02/10/2015	Date of Injury:	02/28/2012
Decision Date:	03/25/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	02/03/2015

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: Illinois, California, Texas
Certification(s)/Specialty: Orthopedic Surgery

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 48 year old female, who sustained an industrial injury on 2/28/12. Conservative treatment included acupuncture, medications, cervical steroid epidural injections, activity restrictions and intramuscular steroid injections. The 6/19/14 cervical spine MRI revealed 1-2 mm posterior disc bulges at C3-4 and C4-5, C5-6 and C6-7 with encroachment on the subarachnoid space. The 7/22/14 upper extremity electrodiagnostic report findings were within normal limits, with no EMG/NCV evidence of cervical radiculopathy or peripheral nerve entrapment. The 12/4/14 treating physician report cited constant cervical spine pain radiating to the upper extremity and aggravated by repetitive motions, and headaches. There was intermittent left upper extremity pain with associated numbness and tingling. Physical exam documented paravertebral muscle tenderness and spasm, positive axial loading compression test, positive Spurling's, and some overlap in the upper extremities consistent with double crush syndrome. There was numbness and tingling and weakness consistent with C6 and C7 nerve root compression. There were also findings consistent with median and ulnar nerve compression at the wrist and elbow. A C3-C7 discogram was requested to further localize the level of pathology and pain generation. On 1/12/15 Utilization Review non-certified C3-7 discogram with a pain medicine specialist, noting the questioning of usefulness of discography as a preoperative indicator. Non-MTUS, ACOEM Guidelines, was cited. The injured worker submitted an application for IMR for review of C3-7 discogram with a pain medicine specialist.

IMR ISSUES, DECISIONS AND RATIONALES

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

C3 to C7 discogram with a pain medicine specialist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178, 182. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back Procedure Summary (updated 11/18/14)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Neck and Upper Back: Discography

Decision rationale: The California MTUS guidelines state that clear evidence is lacking to support the efficacy of discogram over other imaging procedures in identifying the location of cervical symptoms, and, therefore, directing intervention appropriately. Clinicians are advised to consult the latest available studies. The Official Disability Guidelines, updated 11/18/14, state that discography is not recommended. Guidelines state that conflicting evidence exists in this area, though some recent studies do not support its use as a preoperative indication for IDET or Fusion, and indicate that discography may produce symptoms in control groups more than a year later, especially in those with emotional and chronic pain problems. There is no compelling reason presented to support the medical necessity of discogram for this patient. Therefore, this request is not medically necessary.