

Case Number:	CM15-0036907		
Date Assigned:	03/05/2015	Date of Injury:	08/19/2010
Decision Date:	04/10/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	02/26/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 (IW) is a 60 year old male, who sustained an industrial injury on 8/19/2010. He has reported slipping and falling down a flight of stair subsequently injuring his neck, right arm and shoulder, and his back. The diagnoses have included closed head injury, cervical facet arthropathy with foraminal stenosis, status post C5-6 fusion, left knee degenerative joint disease, status post right total knee arthroplasty, status post right shoulder surgery, and lumbar with lower extremity paresthesias. Treatment to date has included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) and physical therapy. Currently, the IW complains of neck pain associated with headaches rated 7/10 VAS with medication, 10/10 without medication. There was bilateral knee pain also, rated 8/10 with medication and 9/10 without, and left shoulder pain 4/10 with medication. He is one week post facet blocks at C2-3 and C3-4 with minimal improvement. The physical examination from 1/26/15 documented local cervical pain. The plan of care included diagnostic discogram, pain management consultation, and a random urine toxicology screen. On 2/11/2015 Utilization Review non-certified a diagnostic discogram C4-5 with a negative control, noting the medical treatment guidelines do not support the request. The MTUS and ODG Guidelines were cited. On 2/26/2015, the injured worker submitted an application for IMR for review of diagnostic discogram C4-5 with a negative control.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic discogram at C4-5 with a negative control: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182; Table 8-8. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation (TWC); Neck & Upper Back Procedure Summary last updated 11/18/2014.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178 and 182.

Decision rationale: Diskography is frequently used prior to spinal fusions and certain disk related procedures. There is significant scientific evidence that questions the usefulness of diskography in those settings. While recent studies indicate discography to be relatively safe and have a low complication rate, some studies suggest the opposite to be true, with significant symptoms exhibited for years post-procedure. In any case, clear evidence is lacking to support its efficacy over other imaging procedures in identifying the location of symptoms, and, therefore, directing intervention appropriately. Per Guidelines for CT Discogram, recent studies on diskography do not support its use as a preoperative indication for either intradiskal electrothermal (IDET) annuloplasty or fusion as it does not identify the symptomatic high intensity zone, and concordance of symptoms with the disk injected is of limited diagnostic value (common in non-spine issue patients, inaccurate if chronic or abnormal psychosocial tests), and it can produce significant symptoms in controls more than a year later. However, Diskography may be used where fusion is a realistic consideration, and despite the lack of strong medical evidence supporting it, diskography should be reserved only for patients who meet the criteria to include failure of conservative treatment, candidacy for spinal fusion from instability, and cleared detailed psychosocial assessment, of which has not been demonstrated from the submitted reports. The patient is s/p previous fusion at C5-6 without change or progressive deterioration. Submitted reports have not adequately demonstrated support for the discogram outside the recommendations of the guidelines. The Diagnostic discogram at C4-5 with a negative control is not medically necessary and appropriate.