

Case Number:	CM14-0126090		
Date Assigned:	09/29/2014	Date of Injury:	07/20/2008
Decision Date:	10/31/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/08/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 59-year-old female with a reported date of injury on 07/20/2008. The mechanism of injury was not listed in the records. The diagnoses include cervical disc disease. The past treatments included pain medication and physical therapy. There was no relevant diagnostic imaging submitted for review. There was no relevant surgical history documented in the notes. The subjective complaints on 10/07/2014 included headache and neck pain. The physical examination findings were noted to be numbness and tingling in the lumbar spine, right hip pain, unable to kneel on right lower extremity due to right leg spasming. It should be noted that the clinical note is handwritten and very difficult to decipher. The clinical notes also state that the patient's neck is also locked up in head down position tilted to the right side, and pain travels down the right foot and it feels like a rod is jammed in her leg. The medications included Norco, diazepam, Cymbalta, and Lyrica. The treatment plan was to get a cervical discogram. A request was received for a cervical discogram. The rationale for the request was that the patient's condition continues to worsen; new symptomatology involving her entire right side down her right lower extremity; and needs diagnostic studies to evaluate etiology of pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical discogram: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation ODG-TWC Neck & Upper Back Procedure Summary last updated 04/14/2014; regarding discography

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The request for cervical discogram is not medically necessary. The California MTUS/ACOEM Guidelines state that discography is frequently used prior to cervical fusions and certain disc related procedures. There is significant scientific evidence that questions the usefulness of discography in those settings. The guidelines also state that clear evidence is lacking to support discography's efficacy over other imaging procedures and identifying of the location of cervical problems; and therefore, directing intervention appropriate. The injured worker has chronic neck pain. As discography is not supported by the guidelines, the request is also not supported by the evidence based guidelines. As such, the request is not medically necessary.