

Case Number:	CM14-0048690		
Date Assigned:	07/02/2014	Date of Injury:	01/20/2011
Decision Date:	08/25/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/16/2014

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 Occupational Medicine and is licensed to practice in California. 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 patient is a 52-year-old female who has submitted a claim for cervical stenosis at C5-C6 with radiculopathy associated with an industrial injury date of 01/20/2011. Medical records from 12/14/2012 to 05/06/2014 were reviewed and showed that patient complained of neck pain graded 6-7/10 with radiation down bilateral arms and left hand. Physical examination revealed tenderness over the cervical paravertebral muscles. Decreased cervical spine ROM was noted. Sensation to light touch was decreased over the right C6, C7, C8 and left C5 dermatomes. MMT and DTRs of bilateral upper extremities were normal. Hoffman's test was negative. MRI of the cervical spine dated 12/19/2012 showed C4-5 and C5-6 disc bulge. Treatment to date has included left and right C5 and C6 medial branch block under fluoroscopic guidance (1/24/2014), cervical epidural steroid infusion under fluoroscopic guidance, (12/14/2012), physical therapy and pain medications. Utilization review dated 03/31/2014 denied the request for discogram at the C4-5 and C5-6 with negative control because discogram is not supported by the guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Discogram at the C4-5 and C5-6 with negative control: 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 chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Discography.

Decision rationale: The CA MTUS ACOEM Treatment Guidelines state that recent studies on discography do not support its use as a preoperative indication for either intradiscal electrothermal (IDET) annuloplasty or fusion. In addition, ODG states that provocative discography is not recommended because its diagnostic accuracy remains uncertain, false-positives can occur in persons without low back pain and its use has not been shown to improve clinical outcomes. Patient selection criteria for Discography include: 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 detailed psychosocial assessment (discography in subjects with emotional and chronic pain problems has been linked to reports of significant back pain for prolonged periods after injection, and therefore should be avoided); Briefed on potential risks and benefits from discography and surgery. In this case, the guidelines do not support the use of discogram for pre-operative assessment. A psychological clearance likewise was not obtained. There was no documentation of briefing and commitment to discography and surgery by the patient. The patient does not meet the selection criteria for discogram. Therefore, the request for Discogram at the C4-5 and C5-6 with negative control is not medically necessary.