

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0217357 | | |
| Date Assigned: | 01/07/2015 | Date of Injury: | 01/21/2012 |
| Decision Date: | 03/20/2015 | UR Denial Date: | 12/03/2014 |
| Priority: | Standard | Application Received: | 12/29/2014 |

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. 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 is a 53 year old female who sustained an industrial related injury on 1/21/12. The injured worker had complaints of neck pain, headaches, and radicular symptoms to bilateral upper extremities. Prescriptions included Norco, Anaprox, Protonix, and Neurontin. Physical examination findings included decreased cervical range of motion, cervical tenderness to palpation with increased rigidity, and numerous trigger points that were palpable and tender through the cervical paraspinal muscles. A cervical MRI obtained on 9/20/12 was noted to have revealed a disc bulge with associated facet arthropathy at C3-4, C5-6, and C6-7. Bilateral neural foraminal narrowing was noted a C3-4 and C5-6. Diagnoses included cervical myoligamentous injury with bilateral upper extremity radicular symptoms, right shoulder internal derangement, lumbar myoligamentous injury with bilateral lower extremity radicular symptoms, and medical induced gastritis. Treatment included an epidural injection at C5-6 which provided relief for 2 weeks. The treating physician requested authorization for a cervical discogram of C4-5, C5-6, and C6-7. On 12/3/14 the request was non-certified. The utilization review physician cited the Medical Treatment Utilization Schedule guidelines and the Official Disability Guidelines. The utilization review physician noted there was no objective MRI report available for review to corroborate with the history and physical examination. Therefore the request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical discogram C4-5, C5-6 and C6-7: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Neck & upper back Chapter, Discography

Decision rationale: Per the 10/15/14 report the patient presents with debilitating neck pain with cervicogenic headaches along with radicular symptoms to both upper extremities. The current request is for CERVICAL DISCOGRAM C4-5, C5-6, AND C6-7 per the 10/15/14 report. The RFA is not included. The patient is Temporarily Totally Disabled. ODG, Neck Chapter, Discography, states, "Not recommended. Conflicting evidence exists in this area, though some recent studies condemn 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." The 10/15/14 report states this request was specifically recommended by [REDACTED], an orthopedic spine surgeon, as [REDACTED] feels the patient requires surgery. The treater cites a cervical spine MRI of 09/20/12 showing a 2.1 mm disc bulge with associated facet arthroplasty at C3-4, C5-6 and C6-7 along with bilateral neural foraminal narrowing at C5-6 and C3-4. In this case, ODG does not recommend this procedure as a preoperative indication. Therefore, the request IS NOT medically necessary.