

Case Number:	CM15-0007373		
Date Assigned:	01/26/2015	Date of Injury:	07/28/2008
Decision Date:	03/17/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	01/13/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 61-year-old male worker sustained work-related injuries on 7/28/08. He is diagnosed with cervical spondylosis and has complaints of low back pain. Previous treatments include medications and chiropractic. The treating provider requests a discogram or myelogram of the cervical spine and discogram or myelogram of the thoracic spine. The Utilization Review on 12/9/14 non-certified discogram or myelogram of the cervical spine and discogram or myelogram of the thoracic spine, citing CA MTUS guidelines for Neck and Upper Back Complaints; the discogram is not recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Discogram or Myelogram of the Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179, 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition(web), 2014, Neck and Upper Back (Acute & Chronic), Discography. ODG, see also the Low Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Neck section, Discogram

Decision rationale: Pursuant to the Official Disability Guidelines, discogram or myelogram to the cervical spine is not medically necessary. Discography is not recommended. Conflicting evidence exists in this area, though some recent studies condemn its use as a preoperative indication for IDET or fusion. Cervical discography has been used to assist in determining the specific level or levels causing neck pain and potentially, which levels to fuse; however, controversy regarding the specificity of cervical disc discograms has been debated and more research is needed. Discography is not recommended in the Official Disability Guidelines. In this case, the injured worker's working diagnoses are spinal injuries; cervical and thoracic spine stenosis. Subjectively, the injured worker has ongoing neck and back pain and is sleep deprived. Objectively there is stiffness and weakness noted. Medications are not listed. The progress notes in the medical record were all undated. The documentation did not contain a clinical rationale or a detailed history and physical examination. The guidelines do not recommend cervical discography. Consequently, absent clinical documentation to support cervical discography in contravention of the guidelines, discogram or myelogram to the cervical spine is not medically necessary.

Discogram or Myelogram of the Thoracic Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179, 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition(web), 2014, Neck and Upper Back (Acute & Chronic), Discography. ODG, see also the Low Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low back section, Discogram

Decision rationale: Pursuant to the Official Disability Guidelines, discography or myelogram thoracic spine is not medically necessary. Discography is not recommended. In the past, discography has been used as part of the preoperative evaluation of patients for consideration of surgical intervention for low back pain. The conclusions of recent, high-quality studies on discography have significantly questioned its use as a preoperative indication for either IDET or fusion. Discography is not recommended in the Official Disability Guidelines. In this case, the injured workers working diagnoses are spinal injuries; cervical and thoracic spine stenosis. Subjectively, the injured worker has ongoing neck and back pain and is sleep deprived. Objectively, there is stiffness and weakness noted. Medications are not listed. The progress notes in the medical record were all undated. The documentation did not contain a clinical rationale or a detailed history and physical examination. Discography is not recommended in the Official Disability Guidelines. Consequently, absent clinical documentation to support thoracic discography in contravention of the guidelines, discogram or myelogram to the thoracic spine is not medically necessary.

