

Case Number:	CM15-0115375		
Date Assigned:	06/23/2015	Date of Injury:	01/11/2012
Decision Date:	09/08/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/15/2015

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 is a 43-year-old female, who sustained an industrial injury on 1-11-12. The injured worker was diagnosed as having multiple herniated cervical discs at C3-4, C4-5, C5-6, and C6-7 with radiculopathy and cervical spine radiculopathy at C4, C5, and C6. Treatment to date has included cervical epidural injections, physical therapy, and medication. Physical examination findings on 4-24-15 included a positive foraminal compression test and a positive Spurling's test. Currently, the injured worker complains of cervical spine pain. The treating physician requested authorization for a discogram of the cervical spine region.

IMR ISSUES, DECISIONS AND RATIONALES

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

Discogram cervical spine region: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Chapter and Upper Back Chapter, under Discography.

Decision rationale: The patient was injured on 01/11/12 and presents with cervical spine pain and right shoulder pain. The request is for a DISCOGRAM OF THE CERVICAL SPINE REGION. There is no RFA provided and the patient is on temporary total disability. The 12/31/13 MRI of the cervical spine revealed straightening of cervical lordotic curvature, disc dessication at C5-C6 level, early disc dessication at C2-C3, C3-C4, and C4-C5, hermanjoma at T1 vertebra, and modic type II endplate degenerative changes at C2-C3 and C4-C5. ODG Guidelines, Neck Chapter and Upper Back Chapter, under 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 reason for the request is not provided. The patient has a positive foraminal compression test, a positive Spurling's test, and tightness/spasm in the trapezius, sternocleidomastoid, and straps muscle right and left. She is diagnosed with multiple herniated cervical discs at C3-4, C4-5, C5-6, and C6-7 with radiculopathy and cervical spine radiculopathy at C4, C5, and C6. In this case, ODG Guidelines do not recommend discography. Due to lack of support from guidelines, the requested discogram of the cervical spine region IS NOT medically necessary.