

Case Number:	CM15-0118136		
Date Assigned:	06/26/2015	Date of Injury:	08/19/2010
Decision Date:	07/31/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/18/2015

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: Family Practice

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 60 year old male sustained an industrial injury to the neck on 8/19/10. Previous treatment included C5-6 fusion, facet blocks, occipital nerve blocks and medications. Magnetic resonance imaging cervical spine (4/10/14) showed moderate facet arthropathy with disc bulges causing foraminal stenosis. Computed tomography cervical spine (5/5/14) showed no solid fusion at C5-6 with mild residual cervical spine spondylosis and a chronic avulsion fracture at C7. X-rays of the cervical spine (6/20/14) showed moderated disc height loss at C4-5 above the fusion. In an orthopedic spine surgery progress report dated 5/11/15, the injured worker complained of worsening neck pain with posterior headaches rated 10/10 on the visual analog scale. Physical exam was remarkable for well-maintained cervical lordosis, cervical spine without tenderness or spasms to the paraspinal muscles, spinous process, trapezius musculature or interscapular space, intact sensation to bilateral upper extremities with 5/5 upper extremity strength and intact deep tendon reflexes. The physician noted that x-rays taken during the office visit showed motion at C5-6 with questionable residual area in the C5-6 interbody fusion that might be consistent with a persistent pseudoarthrosis. Current diagnoses included C3-4 and C4-5 facet arthropathy and right foraminal stenosis, status post C5-6 fusion, left knee degenerative joint disease, status post right total knee arthroplasty and lumbago with lower extremity paresthesias. The treatment plan included obtaining a discogram at C4-5, a computed tomography cervical spine and requesting authorization for left total knee replacement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Discogram C4-5 with negative control C5-6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck pain, chronic; Cervical spine, discography.

Decision rationale: This injured worker receives treatment for chronic cervical pain. This resulted from an industrial injury on 08/19/2010. The patient has had surgery, a C5-C6 fusion followed by facet blocks and occipital blocks. MRI imaging shows facet joint degenerative changes and foraminal stenosis. On physical exam there is paracervical muscle spasms and normal sensory, motor, and reflex exams in the upper extremities. This review addresses a request to perform a C4-C5 discogram with a negative control. The treatment guidelines in the ODG do not recommend a discogram to be performed after a cervical laminectomy. The medical literature states that this test is not likely to add reliable clinical information after this kind of surgery, because there are too many positive discogram results in this post-op setting. A cervical discogram is not medically necessary.