

Case Number:	CM15-0171329		
Date Assigned:	09/11/2015	Date of Injury:	01/22/2011
Decision Date:	10/15/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	08/31/2015

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 34 year old female who sustained an industrial injury on 1-22-11. Progress report dated 8-3-15 reports that she did not get any relief from the C5-6 facet blocks. She reports being down 60% of the day due to neck pain and she has new symptoms in her low back and legs. The pain is rated 7-8 out of 10. The pain diagram points out discomfort in the left, right and mid-line neck, left and right posterior shoulder and mid-line upper back. Diagnoses include: failed surgery cervical, disc protrusion cervical spine and pseudoarthrosis cervical spine. Plan of care includes: recommend discogram C4-5 and C6-7. Work status: not currently working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Discogram C4-5 and C6-7: 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 and Upper Back Chapter.

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 current request is for a Discogram C4-5 and C6-7. The RFA is from 08/10/15. Treatment history includes c-spine surgery, FRP, cervical facet blocks, physical therapy, and medications. The patient is not working. 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". Per report 08/03/15, the patient presents with chronic neck pain that radiates into the shoulder. Examination revealed, decreased range of motion in the cervical spine by 75%, tenderness bilaterally at C5 and C6, mild muscle spasms, and normal sensation over the C3 through C7 dermatome bilaterally. The treater states that the patient did not get any relief from the C5-6 facet blocks and that the pain is likely from the protruding disc at C4-5 or C6-7. The treater recommended a Discogram C4-5 and C6-7, without stating a rationale for the request. In this case, ODG Guidelines do not recommend discography for the c-spine. Due to lack of support from guidelines, the requested discogram is not medically necessary.