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**Notice of Independent Medical Review Determination**

Dated: 10/3/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/6/2013
Date of Injury:	2/20/2008
IMR Application Received:	7/26/2013
MAXIMUS Case Number:	CM13-0003547

- 1) MAXIMUS Federal Services, Inc. has determined the request for cervical discogram at C4-5 and C6-7 with a cervical CT following the discogram **is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/26/2013 disputing the Utilization Review Denial dated 7/6/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/1/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for cervical discogram at C4-5 and C6-7 with a cervical CT following the discogram **is not medically necessary and appropriate.**

### **Medical Qualifications of the Expert Reviewer:**

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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 treatments and/or services at issue.

### **Case Summary:**

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 6, 2013:

“This is a female claimant with neck pain. The date of injury was 2/20/08. While playing tug of war, the rope broke and she fell. She has had previous cervical spine surgery in 2011 and recently underwent removal of (lumbar) fusion hardware on 4/16/13 and is experiencing significant postoperative pain, as well as increased neck pain and radicular symptoms. She has had treatment with physical therapy, non-steroidal anti-inflammatory drugs (NSAIDS) and muscle relaxants. The request is for cervical provocative discogram at IA-5 and C6-7 with cervical CT following discogram.”

### **Documents Reviewed for Determination:**

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application for Independent Medical Review (received 7/26/2013)
- Utilization review from [REDACTED] (dated 7/06/2013)
- Medical Records from 9/08/2012 through 7/22/2013
- Medical Treatment Utilization Schedule

- 1) **Regarding the request for cervical discogram at C4-5 and C6-7 with a cervical CT following the discogram:**

#### Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Official Disability Guidelines (current version), Cervical Discography, a medical treatment guideline which is not part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert

Reviewer stated that MTUS did not address the issue at dispute. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee fell on 2/20/08 and sustained injuries to the back, neck, and shoulder. The submitted medical records note neck pain, bilateral trapezius muscle stiffness and headaches. The employee's diagnoses include neck sprain and strain, lumbosacral sprain and strain, and thoracic sprain and strain. Prior treatment has included physical therapy, medications and surgery. A request has been submitted for cervical discogram at C4-5 and C6-7 with a cervical CT following the discogram.

The Official Disability Guidelines note that some recent studies condemn the use of discography as a preoperative indication for IDET or fusion and indicate that discography may produce symptoms in control groups more than a year later. The submitted medical records indicate that the treating provider is trying to identify the pain generator. Discography has not been shown to reliably determine pain generator and should not be used as a diagnostic tool in this setting. The requested cervical discogram at C4-5 and C6-7 with a cervical CT following the discogram **is not medically necessary and appropriate.**

**Effect of the Decision:**

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely;

Richard C. Weiss, MD, MPH, MMM, PMP  
Medical Director

cc: Department of Industrial Relations  
Division of Workers' Compensation  
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Oakland, CA 94612

/srb

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.