

<b>Case Number:</b>	CM14-0145496		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	06/05/2012
<b>Decision Date:</b>	10/06/2014	<b>UR Denial Date:</b>	08/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2014

### 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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in New York. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient has chronic neck pain. The patient complains of neck pain radiating to the upper extremities. On physical examination he has tenderness to the cervical spine. There is limitation of cervical spine motion. Spurling's test is positive. The patient has had physical therapy and anti-inflammatory medications. The patient continues to have pain. At issue is whether multiple level discogram is medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Cervical Spine Discogram at C3-4, C4-5, C5-6 and C6-7: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TWC Neck and Upper Back

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MTUS the pain chapter, ODG neck pain chapter

**Decision rationale:** The patient does not meet establish criteria for multilevel discogram. Specifically discogram is attest that is used prior to consideration complaining of cervical fusion surgery. This patient is not a candidate for multiple level cervical fusion surgery. The medical

records do not support any indication for cervical fusion surgery. There is no documentation of instability fracture or tumor. There is no documentation of significant neurologic deficit. Is no clear correlation between imaging studies and physical examination showing specific radiculopathy or myelopathy. Since cervical fusion is not medically necessary, then Cervical Spine Discogram at C3-4, C4-5, C5-6 and C6-7 is not medically necessary and appropriate as criteria for cervical discography not met.

**Monitored Anesthesia Care:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Epidurography:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG neck pain chapter

**Decision rationale:** The medical records do not demonstrate that the patient has significant spinal stenosis or significant neurologic deficit that correlates with imaging studies. Guidelines do not support the use of epidurography in this case. There is no documentation of symptomatic cervical spinal stenosis and imaging studies do not show severe spinal stenosis. The use of Epidurography is not supported by current peer reviewed literature. Therefore, the request of Epidurography is not medically necessary and appropriate