

Case Number:	CM13-0018326		
Date Assigned:	12/11/2013	Date of Injury:	05/12/2008
Decision Date:	02/04/2014	UR Denial Date:	08/14/2013
Priority:	Standard	Application Received:	08/29/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Pain Management and Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 physician 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:

This is a 48 year-old female who was injured on 5/12/08. She has been diagnosed with: status post cervical anterior interbody fusion at C5, C6, and C7, 11/23/10; post-operative changes with anterior fixation and interbody fusion of C6-C7 mild left neuroforaminal stenosis of C3/4, degenerative disc disease with protrusions at unfused levels, degenerative facet disease throughout, per MRI dated 10/5/12; right elbow ulnar neuropathy; right wrist median neuropathy; lumbar strain/sprain; lumbar mild lateral recess stenosis at L4/5 bilaterally and L3/4 left with mild left neural foraminal stenosis of L4/5 as well, mild degenerative disc disease at L3/4 and L4/5, 2-3mm bulge L3/4, 2mm bulge L4/5, annular fissure at L4/5; mild facet arthropathy bilaterally at L4/5 and L5/S1 mild to moderate levoscoliosis, per MRI 2/25/13; depression and anxiety.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thoracic and lumbar myelogram: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 303-305.

Decision rationale: The ACOEM guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. The 7/22/13 report from [REDACTED] states that there is numbness and swelling in the ankles/feet, and that the ratio for axial back pain to lower extremity pain is 100% back. The only clinical finding was decreased sensation under the toes/bowl of feet. This was listed within the S1 distribution, but did not discuss whether there was decreased sensation in the portion of the S1 distribution above the swollen ankles/feet. The 2/25/13 MRI was not reported to show any S1 nerve root or foraminal narrowing issues. At this time, the records do not show unequivocal objective findings that identify specific nerve compromise. The request is not in accordance with ACOEM guidelines. Therefore, the thoracic and lumbar myelogram is not medically necessary or appropriate.

3D CAT scan with x-rays: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The ACOEM guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. The 7/22/13 report from [REDACTED] states that there is numbness and swelling in the ankles/feet, and that the ratio for axial back pain to lower extremity pain is 100% back. The only clinical finding was decreased sensation under the toes/bowl of feet. This was listed within the S1 distribution, but did not discuss whether there was decreased sensation in the portion of the S1 distribution above the swollen ankles/feet. The 2/25/13 MRI was not reported to show any S1 nerve root or foraminal narrowing issues. At this time, the records do not show unequivocal objective findings that identify specific nerve compromise. The request is not in accordance with ACOEM guidelines. Therefore, the 3D CAT scan with x-rays is not medically necessary or appropriate.