MAXIMUS Federal Services

Case Number:	CM13-0049054		
Date Assigned:	01/31/2014	Date of Injury:	02/22/2008
Decision Date:	04/24/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	11/07/2013

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 Internal Medicine, 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 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 is a 58-year-old who was injured on February 22, 2008 while he was going to get his tool; suddenly the pipe burst and boiling water and chemicals sprayed on his right hand and on his back. The current diagnosis includes neck sprain. Prior treatment history has included acupuncture therapy and occupational therapy. The patient underwent a left wrist carpometacarpal (CMC) interpositional arthroplasty on February 28, 2013, right cubital tunnel release on June 21, 2013, and right carpal tunnel release on January 28, 2012. Diagnostic studies reviewed include electrodiagnostic study suggestive of right ulnar neuropathy at elbow, consistent with right cubital tunnel syndrome, right median neuropathy at right wrist consistent with right carpal tunnel syndrome, borderline, and no evidence of cervical radiculopathy. Initial Orthopedic Evaluation dated September 9, 2013, documented the patient to have complaints of constant right-sided headache, right eye, neck, back, chest, ribs, buttocks, arms, wrists, hands, right elbow, leg, knee, foot and ankle pain; achy, burning, tingling, cramping, stinging and shooting in character with spasms. He rates his pain at 6 while resting and a 9 with activities. The pain is associated with weakness, numbness, grinding and swelling. His activities of daily living are severely affected due to his pain. Objective findings on exam included examination of the cervical spine revealing tenderness, guarding and spasms noted in the paravertebral region and upper trapezius muscles bilaterally. There are trigger points noticeable in the upper trapezius muscles bilaterally. Manual muscle testing revealed 4/5 strength with flexion, extension, bilateral rotation and bilateral lateral flexion. Range of motion was restricted due to pain and spasm. Discussion & Treatment Plan: The patient continues to experience right-sided headache, right eye, neck, back, chest, ribs, buttocks, arms, wrists, hands, right elbow, leg, knee, foot and ankle pain. I am requesting a request for authorization for CT myelogram of the cervical spine and x-

rays of cervical spine including AP, lateral, flexion and extension views. The patient is unable to get MRI due to pacemaker.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT MYELOGRAM OF THE CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cervical Chapter, Myelography Section.

Decision rationale: The patient does have diffuse pain throughout most parts of his body. The pain is not localized to the cervical spine nor is there documentation of neurological signs or symptoms related to the cervical spine. The EMG (electromyography) did not show findings suggestive of cervical radiculopathy. According to the ODG guidelines, imaging may be considered if the patient does not respond to several weeks of conservative therapy. There was an inadequate discussion of the conservative therapy tried thus far. It was unclear if the acupuncture and physical therapy focused on the cervical region, and if so, was there any clinical response. There was inadequate discussion of any medications which may have been tried and any clinical response to such treatment. The request for a CT Myelogram of the cervical spine with radiological supervision and interpretation, is not medically necessary or appropriate.