

Case Number:	CM14-0018591		
Date Assigned:	04/18/2014	Date of Injury:	07/31/2007
Decision Date:	06/30/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/13/2014

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 Anesthesiology, Pain Medicine and is licensed to practice in Florida. 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 injured worker is a 51 year old female who reported an injury on 07/31/2007 with mechanism of injury poor ergonomics at her work station. The injured worker has indication of neck pain. Based on MRI impressions 10/15/2013 the injured worker has no definite signal abnormality is present involving the cervical cord. No intra spinal masses are visualized. Based on impressions there was a broad based central disc herniation at C3-C4 minimally asymmetric to the left. The injured worker also had a small broad central herniation at C4-C5 and small left paracentral herniation C6-C7. The MRI revealed postoperative changes results in artifact at C5-C6 which limit evaluation at this level with T2 weighted images demonstrate some cord flattening although some of this may be secondary to artifact. Neurologic exam shows motor system normal strength, bulk, and tone of the upper and lower extremities bilaterally, 5/5 on standard manual resistance technique. The injured workers last exam documented 12/16/2013 states the injured worker's chief complaints as neck pain, bilateral hand numbness on the ulnar border of her hands pain radiating down her shoulders and headaches. The injured worker's diagnosis was possible adjacent level disease, adjacent level stenosis versus issues at the level of previous surgery. Request for authorization was not listed in clinical documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 X-RAY SERIES OF THE CERVICAL SPINE AP - LATERAL, FLEXION - EXTENSION, 2 OBLIQUES, AND OPEN MOUTH VIEWS): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE, CHAPTER 8 (NECK AND UPPER BACK COMPLAINTS), 178

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004) , NECK AND UPPER BACK COMPLAINTS, 177-179

Decision rationale: The request for 1 x-ray series of the cervical spine AP-lateral, flexion-extension, 2 oblique's, and open mouth views is non-certified. Based on the injured worker's previous clinical documentation the injured worker has had MRI studies to support her level of possible adjacent disease and level of stenosis versus issues at the level of the previous surgery. The MRI was reported to be limited due to artifact; however, there is a lack of significant neurological deficits on physical examination that do not correlate with the MRI findings to warrant additional studies at this time. In addition, the injured worker showed some improvement with medication and surgeries. Therefore, the request is not medically necessary.

1 CT MYELOGRAM OF THE CERVICAL SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE, CHAPTER 8 (NECK AND UPPER BACK COMPLAINTS), 178

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004, NECK AND UPPER BACK COMPLAINTS, 177-179

Decision rationale: The request for 1 CT myelogram of the cervical spine is non-certified. Based on the injured workers previous clinical documentation the injured worker has had MRI studies to support her level of possible adjacent disease and level of stenosis versus issues at the level of the previous surgery. The MRI was reported to be limited due to artifact; however, there is a lack of significant neurological deficits on physical examination that do not correlate with the MRI findings to warrant additional studies at this time. In addition, the injured worker showed some improvement with medication and surgeries. Therefore, the request is not medically necessary.