

Case Number:	CM14-0112582		
Date Assigned:	09/22/2014	Date of Injury:	02/01/1990
Decision Date:	10/27/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/18/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of February 1, 1990. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; trigger point injections; epidural steroid injection therapy; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated June 19, 2014, the claims administrator denied a request for Myelography of the cervical spine. The applicant's attorney subsequently appealed. In a February 21, 2014 progress note, the applicant reported persistent complaints of neck pain and persistent complaints of myofascial pain. All of her pain was radiating to the bilateral legs. The applicant was using extended-release morphine, it was acknowledged. Trigger point injections were performed. Medications were renewed. The February 21, 2014 progress note, however, made no mention of the need for Myelography, although it did state that the applicant was contemplating trigger point injections, facet injections, and/or epidural injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Myelogram: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 12 Edition (web), 2014, Upper Bank & Neck

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Table 8-7, page 179..

Decision rationale: While the ACOEM Guidelines, page 179 does score Myelography a 4/4 in its ability to identify and define suspected anatomic defects, in this case, however, there was no mention of the need for cervical Myelography in the February 21, 2014 progress note, referenced above. That note focused on the applicant's lumbar spine complaints. There was comparatively little or no mention made of the applicant's cervical spine issues. There was no mention of the need for Myelography involving the neck - cervical spine on that progress note. Therefore, the request is not medically necessary.