MAXIMUS Federal Services

Case Number:	CM14-0027925		
Date Assigned:	06/16/2014	Date of Injury:	05/16/2011
Decision Date:	07/21/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/05/2014

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 Preventative Medicine, has a subspecialty in Occupational Medicine, and is licensed to practice in Iowa. 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:

This patient is a 45 year old employee with date of injury of 5/16/11. Medical records indicate the patient is undergoing treatment for cervical spine stenosis, cervical disk degeneration, status post right shoulder reconstruction, RCR; Bankart repair, capsular shift, and anti-inflammatory instability after trauma. Subjective complaints include limitation of motion and ongoing pain. Objective findings include tenderness of the right humeral head; positive sulcus sign on the right; normal sensation in the axillary, median nerve, and radial nerve; mild numbness and tingling in the right ulnar nerve distribution; and pain with anterior shear of the labrum. Treatment for her right shoulder has consisted of Vicodin, physical therapy, Neurontin, Lyrica, and Ibuprofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL CT MYELOGRAM: 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 Official Disability Guidelines.

Decision rationale: The Official Disability Guidelines (ODG) state this procedure is not recommended except for selected indications, when MRI cannot be performed, or in addition to

MRI. Myelography or CT-myelography may be useful for preoperative planning. Myelography and CT Myelography has largely been superseded by the development of high resolution CT and magnetic resonance imaging (MRI), but there remain the selected indications for these procedures, when MRI cannot be performed, or in addition to MRI. The ODG Criteria for CT myelography are 1) Demonstration of the site of a cerebrospinal fluid leak (post lumbar puncture headache, postspinal surgery headache, rhinorrhea, or otorrhea); 2) Surgical planning, especially in regard to the nerve roots; a myelogram can show whether surgical treatment is promising in a given case and, if it is, can help in planning surgery; 3) Radiation therapy planning, for tumors involving the bony spine, meninges, nerve roots or spinal cord; 4) Diagnostic evaluation of spinal or basal cisternal disease, and infection involving the bony spine, intervertebral discs, meninges and surrounding soft tissues, or inflammation of the arachnoid membrane that covers the spinal cord; 5) Poor correlation of physical findings with MRI studies; or 6) Use of MRI precluded because of claustrophobia, technical issues, e.g., patient size, safety reasons, e.g., pacemaker, or surgical hardware. The treating physician has provided no evidence of a cerebrospinal fluid leak, surgical planning for nerve roots, planning for radiation therapy, poor correlation of physical findings with MRI studies, and the patient has had a previous MRI of the cervical spine. As such, the request is not medically necessary.