

Case Number:	CM14-0040544		
Date Assigned:	06/20/2014	Date of Injury:	05/29/2009
Decision Date:	07/24/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	03/12/2014

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 Orthopedic Surgery 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:

50 year old claimant with industrial injury to spine on 5/29/09. Claimant is status post C4-T1 anterior posterior fusion. Exam note from 2/19/14 demonstrates complaint of constant neck pain radiating to the right shoulder and upper extremity. Report of tingling in the right hand. Objective findings in the exam note includes 25% range of motion from normal. Tenderness is noted in the paracervical muscles, right trapezius and right deltoid. Normal motor strength with decrease sensation to light touch in right lateral proximal upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT/Myelogram, Cervical spine QTY: 1.00: 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) Contents, Treatment Guidelines, 18th Edition (2013 web) Cervical Spine - Myelography.

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

Decision rationale: CA MTUS/ACOEM is silent on the issue of CT scan of the cervical spine. Per the ODG criteria myelography is indicated for surgical planning or if MRI is precluded.

From the exam note from 2/19/14 there is insufficient evidence of need for further surgery or need for imaging. Therefore determination is not medically certified.

Physical Therapy QTY: 12.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, pages 98-99 Page(s): 98-99.

Decision rationale: Per the CA MTUS, Chronic Pain Medical Treatment Guidelines page 98-99 reports for myalgia and myositis 9-10 visits over an 8 week period. In this case the request is for 12 visits which exceeds the guidelines. The determination is therefore not medically certified.