MAXIMUS Federal Services

Case Number:	CM14-0043866		
Date Assigned:	07/02/2014	Date of Injury:	10/12/2012
Decision Date:	08/21/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/11/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, and is licensed to practice in Texas and Oklahoma. 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 36-year-old who reported an injury on October 12, 2012. She reportedly strained her back when transferring a patient from a car to wheelchair. The injured worker's treatment history included medications, acupuncture, MRI, and a Functional Capacity Examination. Within the documents submitted, the injured worker had undergone an MRI on July 18, 2013 of the cervical spine that revealed at L4-5 there was a 1 mm to 2 mm posterior disc bulge without evidence of central stenosis or neural foraminal narrowing, and at L5-S1 there was a 1 mm to 2 mm posterior disc bulge without evidence of central stenosis or neural foraminal narrowing. The injured worker was evaluated on March 6, 2014. The injured worker complained of increased cervical spine pain. The provider's notes that were submitted on March 6, 2014 were illegible notes. Medications included pantoprazole, Naprosyn, cyclobenzaprine, gabapentin 10%, flurbiprofen 20% / tramadol 20% / cyclobenzaprine 4%, and Norco. Diagnoses included lumbar radiculitis/neuritis and cervical radiculitis. The Request for Authorization or rationale was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT scan cervical spine myelogram: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official

Disability Guidelines (ODG) Neck & Upper back (updated 03/07/14) MyelographyODG Criteria for Myelography and CT Myelography.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: According to the Neck and Upper Back Complaints Chapter of the American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines, Special studies are not needed to evaluate unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out. Criteria for ordering imaging studies are the following; Physiologic evidence of issue insult or neurologic dysfunction failure to progress in a strengthening program intended to avoid surgery. Clarification of the anatomy prior to an invasive procedure. The documents submitted for review indicated the injured worker had undergone an MRI on July 18, 2013, therefore the provider failed to indicate the rationale on why the injured worker requires another special study at this time. In addition, the documents indicated the injured worker had received conservative care measures but failed to indicate outcome measurements. Given the lack of evidence submitted for review a CT scan of the cervical spine myelogram is no warrant at this time. Therefore, the request for a CT scan cervical spine myelogram is not medically necessary or appropriate.