

Case Number:	CM14-0049646		
Date Assigned:	07/07/2014	Date of Injury:	09/17/2011
Decision Date:	09/05/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	04/17/2014

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 injured worker is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of September 17, 2011. Thus far, the injured worker has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; and extensive periods of time of off work. In a Utilization Review Report dated April 14, 2014, the claims administrator denied a request for lumbar myelography and post myelography CT scanning, noting that the bulk of the injured worker's complaints were confined to the cervical spine. The injured worker's attorney subsequently appealed. In an April 5, 2014 progress note, the injured worker was described as having persistent complaints of neck and arm pain following a single epidural steroid injection of March 10, 2014. The attending provider stated that the injured worker had significant left sided triceps muscle weakness. The attending provider stated that he felt earlier MRI imaging was not altogether diagnostic and that CT myelography might help to furnish with additional diagnostic data which could help make a decision whether or not to pursue a surgical remedy. On March 10, 2014, the injured worker presented with 10/10 neck pain radiating to the arm. The injured worker is using Pamelor and Vicodin. The injured worker is smoking a half pack a day, it is further acknowledged, and had a medical history noted for hypertension, insomnia, depression, and anxiety. The injured worker had slight weakness about the biceps musculature and triceps musculature with decrease grip strength also noted. A cervical epidural steroid injection was sought on this occasion. On May 8, 2014, it was suggested that the injured worker had ongoing issues with headaches following an earlier cervical CT myelogram. The injured worker was given a shot of Toradol and asked to employ Zofran for the headache. On November 5, 2013, the injured worker's neurosurgeon suggested that the injured worker pursue an anterior cervical discectomy and fusion at C5-C6 and C6-C7.

IMR ISSUES, DECISIONS AND RATIONALES

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

lumbar spine myelogram and post myelogram CT: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: ACOEM Guidelines do acknowledge that lumbar myelography or CT myelography for preoperative planning purposes are "optional" if MRI imaging is not available, however, the progress note referenced above suggests that the injured worker's complaints are localized to the cervical spine and upper extremities. There was comparatively little or no mention made of issues associated with the lumbar spine and/or lower extremities. The injured worker's neurosurgeon commented on several occasions that the injured worker could very well be a candidate for cervical spine surgery, based on the outcomes of cervical CT myelography. The injured worker was described having as left triceps and left biceps weakness with neck pain radiating to the arms. There was no mention made of any issues associated with the lumbar spine and/or lower extremities noted on the progress report cited above. Therefore, the request is not medically necessary.