

Case Number:	CM14-0064610		
Date Assigned:	07/02/2014	Date of Injury:	10/18/2002
Decision Date:	10/17/2014	UR Denial Date:	03/18/2014
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 and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 63 year old female was reportedly injured on 10/18/2002. The mechanism of injury was noted as boxes filled with timecards fell onto her right hand. The most recent progress note, dated 5/8/2014, indicated that there were ongoing complaints of chronic right hand pain. The physical examination demonstrated bilateral hands positive tenderness to palpation at the first dorsal compartment bilaterally, distal radial and ulnar joints bilaterally, mid carpal joint, carpometacarpal (CMC) joint over the A1 pulley of the small finger of the right hand, full range of motion, positive Phalen's test bilaterally, thenar muscle wasting and atrophy bilaterally, and positive Tinel's sign was with tapping bilaterally. Previous treatment included cervical spine fusion, medications, trigger point injections, physical therapy, and conservative treatment. A request was made for CT Myelogram of the lumbar spine and Medrol Dosepak and was not certified in the preauthorization process on 3/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 CT Myelogram of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Myelography

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic) CT myelogram

Decision rationale: Official Disability Guidelines (ODG) list the following criteria for the indications to order CT myelogram when MR imaging cannot be performed. They include demonstration of the side of the cerebrospinal fluid (CSF) leak, surgical planning especially in regards to nerve roots, radiation therapy planning, for tumors involving the bony spine, meninges, nerve roots and spinal cord and diagnostic evaluation of spinal or basal system of disease, an infection involving the bony spine, intervertebral disc, meninges, and surrounding soft tissues. Also, it includes inflammation of the arachnoid membrane that covers the spinal cord, poor correlation of physical findings with MRI studies, and unable to perform MRI due to claustrophobia, patient size, surgical hardware or pacemaker. After review of the medical records provided, there is insufficient documentation of the lumbar spine to justify the approval of this diagnostic study based on the above stated criteria. Therefore, this request is not medically necessary.

Medrol Dose Pack: 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), Low Back-Lumbar and Thoracic

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Chronic Pain, Oral Corticosteroids

Decision rationale: Official Disability Guidelines (ODG) guidelines state oral corticosteroids are not recommended for chronic pain. There is no data on the efficacy and safety of systemic corticosteroids and chronic pain; so, given their serious adverse effects, they should be avoided. After review of the medical records provided, there was no identifiable documentation to vary from guideline recommendations. Therefore, this request is not medically necessary.