

Case Number:	CM14-0083232		
Date Assigned:	07/21/2014	Date of Injury:	03/31/1999
Decision Date:	09/19/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/04/2014

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 & Rehabilitation and Pain 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 57-year-old male, who reported an injury on 03/31/1999, the mechanism of injury is not provided. On 05/27/2014, the injured worker presented with ongoing pain in the neck, left shoulder, and burning pain in the forearms and elbows with numbness and a pins and needles sensation in the bilateral hands. Upon examination of the cervical spine, there was a mild torticollis, a positive compression sign, and a positive Spurling's. There was tenderness and muscle spasm, both at rest and at range of motion, and pain on scapular retraction. There was tenderness over the medial femoral condyle and mild swelling. There was a positive McMurray's varus/valgus test. The diagnoses were chronic headaches, cervical spine discopathy C5-6 and C6-7, lumbar spine disc disease/bulges per MRI, status post lumbar spine hardware removal, left wrist injury secondary to low back and left knee sprain/strain. Prior therapy included an epidural steroid injection and surgeries. The provider recommended a lumbar CT myelogram and an MRI of the cervical spine; the provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar CT Myelogram: 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) Online Version, Low back - Myelogram/CT scans.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: Per The MTUS/ACOEM Guidelines state unequivocal objective findings that identify specific nerve compromise on a neurologic exam, that are sufficient evidence to warrant imaging in injured workers, who do not respond to treatment or who consider surgery as an option. When the neurologic exam is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminate imaging will result in false positive findings, such as disc bulges that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult, or nerve impingement, the provider can discuss the selection of imaging tests to find a potential cause. There is lack of documentation of the injured worker's failure to respond to conservative treatment, and there is a lack of objective assessment of an evolving, or progressive neurologic impairment for which a lumbar CT myelogram would be warranted. As such, the request is not medically necessary.

MRI Cervical Spine: 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) Online Version, Neck- MRI studies.

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

Decision rationale: Per The MTUS/ACOEM Guidelines state, that for most injured workers presenting with true neck or upper back problems, special studies are not needed, unless a 3 or 4 week period of conservative care and observation fails to improve symptoms. Most injured workers' symptoms improve quickly, provided any red flag conditions are ruled out. The criteria for ordering an imaging study include; emergence of a red flag, physiologic evidence of a tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery or clarification of anatomy prior to an invasive procedure. Unequivocal findings that identify specific nerve compromise, on the neurologic examinations that are sufficient evidence to warrant imaging studies, if symptoms persist. There is lack of evidence of injured worker's failure to respond to conservative treatment. In addition, there is lack of an objective assessment of a progressive neurologic impairment to warrant an MRI of the cervical spine. As such, the request is not medically necessary.