

Case Number:	CM14-0187631		
Date Assigned:	11/17/2014	Date of Injury:	12/20/2010
Decision Date:	01/06/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/10/2014

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 Emergency Medicine and is licensed to practice in New York. 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 46-year-old female, with a reported date of injury of 12/20/2010. The diagnoses include degeneration cervical IV disc and carpal tunnel syndrome. The past diagnoses included incontinence of feces and fecal urgency. Treatments have included Neurontin 300mg, Norco 5/325mg; Ibuprofen 800mg; an MRI of the cervical spine on 06/10/2011, which showed multilevel spondylosis changes, significant at C4-C5 and C5-C6, causing bilateral foraminal narrowing; psychological treatment; corticosteroid injections in the shoulders, with relief. The progress report (PR-2) dated 10/16/2014 indicated that the injured worker complained to neck pain, which radiated to both arms and all fingers. She rated her pain as a 7 out of 10, and did not describe myelopathic symptoms. An examination of the cervical spine revealed a non-antalgic gait; reasonably full cervical range of motion; neck pain caused by all motions; symmetrical and 2+ reflexes in both arms; decreased sensation in the right arm, from the shoulder to the hand; limited range of motion with the Spurling's maneuver, but it caused neck pain; a negative Hoffmann's; and motor testing of 4 out of 5 with right elbow flexion and right wrist flexion. The treating physician suggested an updated MRI to rule out foraminal stenosis and herniated nucleus pulposus (HNP), electromyography/nerve conduction study (EMG/NCS) of the bilateral upper extremities. The physician also suggested flexion and extension x-rays to rule out instability. However, due to the injured worker being claustrophobic, a computed tomography (CT) myelogram was suggested instead of the MRI. On 10/28/2014, Utilization Review (UR) denied the request for computed tomography (CT) myelogram of the cervical spine and cervical spine x-rays times three (3). The UR physician cited the ACOEM guidelines, and noted a lack of objective, unequivocal neurologic physical examination findings, showing new radiculopathy or a significant change in previously documented radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT myelogram C-spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS 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) Neck and Upper Back, Computed Tomography (CT)

Decision rationale: CT myelography may be performed if use of MRI is precluded due to claustrophobia; In this case the patient was claustrophobic and was not able to have MRI of the cervical spine. Criteria for ordering imaging studies of the cervical spine are emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. If physiologic evidence indicates tissue insult or nerve impairment, consider a discussion with a consultant regarding next steps, including the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computed tomography [CT] for bony structures). In this case there is no documentation that the patient has a red flag or physiologic evidence of tissue insult or neurologic dysfunction. Imaging studies are not indicated. The request is not medically necessary and appropriate.

X-rays x 3 C-Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: Criteria for ordering imaging studies are emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. If physiologic evidence indicates tissue insult or nerve impairment, consider a discussion with a consultant regarding next steps, including the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computed tomography [CT] for bony structures). In this case there is no documentation that the patient has a red flag or physiologic evidence of tissue insult or neurologic dysfunction. Imaging studies are not indicated. The request is not medically necessary and appropriate.