

Case Number:	CM15-0106409		
Date Assigned:	06/10/2015	Date of Injury:	10/24/2005
Decision Date:	07/13/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	06/02/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric Medicine

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 female who sustained a work related injury October 24, 2005. The medical record available for review, is a handwritten treating physician's progress report, dated November 25, 2014. Some of the handwritten notes are difficult to decipher. The injured worker presented for a follow-up for diabetes and hypertension. She reports checking her blood sugar upon awakening and in the evening, two hours after eating. Objective findings included a notation of the morning blood sugar at 116 and the evening at 142, the rest of the physical exam within normal limits. Diagnoses are documented as hypertension, primary and diabetes II. Treatment plan included continue with prescribed medication, no adjustments, continue low fat diabetic diet, and check feet daily. At issue, is the request for authorization for a CT myelogram of the lumbar spine, CT myelogram of the cervical spine, and an EMG (electromyography) NCV (nerve conduction velocity) of the lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT (computed tomography) Myelogram with and without contrast of Lumbar spine:
 Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-310.

Decision rationale: CT (computed tomography) Myelogram with and without contrast of lumbar spine can be useful to identify and define low back pathology in disc protrusion and spinal stenosis. However, there are no red flags on physical exam. In the absence of physical exam evidence of red flags, this test of the lumbar spine is not medically necessary.

CT (computed tomography) Myelogram with and without contrast of 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: Neck & Upper Back (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-193.

Decision rationale: The records document a physical exam with no red flags or indications for immediate referral or imaging. A CT (computed tomography) Myelogram with and without contrast of Cervical spine can help to identify anatomic defects and neck pathology and may be utilized in preparation for an invasive procedure. In the absence of physical exam evidence of red flags, this test is not medically necessary.

EMG (electromyography)/ NCV (nerve conduction velocity) - Lower Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-326.

Decision rationale: Per ACOEM, electromyography (EMG), and nerve conduction velocities (NCV) may help identify subtle focal neurologic dysfunction in patients with low back symptoms, or both, lasting more than three or four weeks. They can identify low back pathology in disc protrusion. This injured worker's physical exam does not show any red flags on physical exam to warrant further imaging, testing or referrals. An EMG/NCV of the bilateral lower extremities is not medically necessary.