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| Case Number: | CM15-0131509 | | |
| Date Assigned: | 07/17/2015 | Date of Injury: | 05/12/2011 |
| Decision Date: | 08/13/2015 | UR Denial Date: | 06/17/2015 |
| Priority: | Standard | Application Received: | 07/08/2015 |

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: California
Certification(s)/Specialty: Emergency 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 49 year old female, who sustained an industrial injury on 5/12/2011. The mechanism of injury was not noted. The injured worker was diagnosed as having brachial neuritis and cervicalgia. Treatment to date has included diagnostics and medications. Only a few progress notes were provided for review. No prior imaging or electrodiagnostic results were provided for review. Currently, the injured worker complains of significant neck pain, as well as arm symptoms. Her motor strength was 5/5 and there was no evidence of pathologic reflexes. Magnetic resonance imaging of the cervical spine and right shoulder were referenced. Electrodiagnostic studies were pending report. The treatment plan included computerized tomography cervical myelogram.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT myelogram: 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 in Workers' Compensation (ODG Treatment Guidelines).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck: Myelography.

Decision rationale: While ACOEM has general guidelines concerning imaging of cervical spine, it does not directly deal with myelography therefore Official Disability Guideline was reviewed. As per ODG, CT myelography is only recommended for specific criteria such as determining site of spinal leak, surgical planning, evaluation of basal cistern disease, infections of structures around spinal cord unclear and poor correlation of physical exam with MRI. Patient does not meet any indication. Provider did not document a reason for requested test. CT myelogram of cervical spine is not medically necessary.