

Case Number:	CM15-0140885		
Date Assigned:	07/30/2015	Date of Injury:	08/10/2011
Decision Date:	09/01/2015	UR Denial Date:	07/10/2015
Priority:	Standard	Application Received:	07/20/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 60 year old male, who sustained an industrial injury on 8-10-2011. He reported neck pain while lifting boxes. The injured worker was diagnosed as having neck pain, status post C6-C7 fusion (x-ray and magnetic resonance imaging results referenced, as well as computerized tomography myelogram report from 11-30-2012). Treatment to date has included diagnostics, cervical spinal surgery, epidural steroid injections, acupuncture, and medications. On 6-29-2015, the injured worker complained of ongoing neck pain with daily headaches. Medications were helpful and he was not interested in increasing the dosages, as he was working full time. He requested to go back to see his spinal surgeon to check the fusion. He failed medications for headaches. Pain was rated 4 out of 10 with medications and 9 out of 10 without. The treatment plan included updated computerized tomography myelogram of the cervical spine due to increased pain and headaches. A previous progress report (10-20-2014) referenced noted that lifting on a daily basis intensified and caused more frequent headaches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Updated CT myelogram of cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 172.

Decision rationale: This 60 year old male has complained of neck pain since date of injury 8/10/11. He has been treated with surgery, epidural steroid injection, acupuncture and medications. The current request is for updated CT myelogram of the cervical spine. The available medical records do not document patient symptomatology, physical exam findings or provider rationale that supports the above requested testing. Per the MTUS guidelines cited above, radiographic imaging in the absence of documented worsening of symptoms and/ or in the absence of red flag symptoms or physical exam findings, is not indicated. On the basis of this lack of documentation from the requesting provider, CT myelogram of the cervical spine is not medically necessary.