

Case Number:	CM15-0169371		
Date Assigned:	09/10/2015	Date of Injury:	10/24/2005
Decision Date:	10/09/2015	UR Denial Date:	07/31/2015
Priority:	Standard	Application Received:	08/27/2015

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 58 year old female, who sustained an industrial injury on 10-24-2005. She reported a fracture to the right clavicle and injury to the right shoulder, neck and back from a slip and fall. She subsequently underwent surgical repair of the clavicular fracture, shoulder injury, and lumbar fusions. Diagnoses include low back and lower extremity pain, status post lumbar fusion, cervical spine strain-sprain, status post right shoulder surgery, left shoulder impingement syndrome, and history of elevated liver enzymes. Treatments to date include medication therapy and epidural steroid injections. Currently, she complained of low back pain with radiation down lower extremities and radiating up to the neck. There was shoulder pain and gastrointestinal side effects with medications. Current medications listed included Avinza, Opana, Trazodone, Wellbutrin, Ambien and Omeprazole. The records documented 40-50% improvement with medication and increased functional ability. Pain was rated 9 out of 10 VAS without medication and 6 out of 10 VAS with medication. On 7-20-15, the physical examination documented bilateral shoulder tenderness with decreased range of motion and a positive impingement sign on the left. The lumbar spine was tenderness with muscle spasm present. The straight leg raise test was positive bilaterally. The provider documented chronic back pain with radiation to the right leg and increased neck pain with radiation to the right hand associated with weakness and numbness of the right hand. The appeal requested authorization of a CT Myelogram with and without contrast of the lumbar spine and of the cervical spine. The Utilization Review dated 7031015, denied the request stating the documentation submitted did not support medical necessity per the ODG Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT Myelogram with & without contrast of L 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.

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

Decision rationale: This 58 year old female has complained of right shoulder pain, neck pain and lower back pain since date of injury 10/24/05. She has been treated with surgery, physical therapy, epidural steroid injection and medications. The current request is for CT myelogram with and without contrast of the lumbar spine. Per the ODG guidelines cited above, CT myelogram of the lumbar spine is not recommended except for when MR imaging cannot be performed or in addition to MR imaging. The available medical records do not contain such documentation nor do they document provider rationale for obtaining a CT myelogram of the lumbar spine with and without contrast. On the basis of the available medical records and per the guidelines cited above, CT myelogram with and without contrast of the lumbar spine is not medically necessary.

CT Myelogram with & without contrast of C 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.

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

Decision rationale: This 58 year old female has complained of right shoulder pain, neck pain and lower back pain since date of injury 10/24/05. She has been treated with surgery, physical therapy, epidural steroid injection and medications. The current request is for CT myelogram with and without contrast of the cervical spine. Per the ODG guidelines cited above, CT myelogram of the cervical spine is not recommended except for when MR imaging cannot be performed or in addition to MR imaging. The available medical records do not contain such documentation nor do they document provider rationale for obtaining a CT myelogram of the cervical spine with and without contrast. On the basis of the available medical records and per the guidelines cited above, CT myelogram with and without contrast of the cervical spine is not medically necessary.