MAXIMUS Federal Services

Case Number:	CM15-0186506		
Date Assigned:	09/28/2015	Date of Injury:	12/06/2006
Decision Date:	11/03/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	09/22/2015

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: Pennsylvania
Certification(s)/Specialty: Family Practice

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 female who sustained an industrial injury on 12-6-2006. A review of medical records indicates the injured worker is being treated for spinal stenosis, sprain of the neck, and chronic pain. Medical records dated 5-1-2015 noted neck pain radiating down to both shoulders and arms. Pain fluctuates from 4 out of 10 to an 8 out 10. Pain gets worse as the day progresses and worse on days she tries to go to work. Cervical back exhibited decreased range of motion, tenderness, pain, and spasm. Treatment has included surgery and Norco. MRI of the cervical spine dated 7-17-2015 noted no evidence of spinal canal or neural foraminal stenosis. Utilization review for dated 9-16-2015 non-certified CT guided cervical myelogram.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT-guided cervical myelogram: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back Chapter, Myelography.

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: According to the ODG the following are indications for CT myelography: 1. Demonstration of the site of a cerebrospinal fluid leak (post-lumbar puncture headache, post-spinal surgery headache, rhinorrhea, or otorrhea). 2. Surgical planning, especially in regard to the nerve roots; a myelogram can show whether surgical treatment is promising in a given case and, if it is, can help in planning surgery. 3. Radiation therapy planning, for tumors involving the bony spine, meninges, nerve roots or spinal cord. 4. Diagnostic evaluation of spinal or basal cisternal disease, and infection involving the bony spine, intervertebral discs, meninges and surrounding soft tissues, or inflammation of the arachnoid membrane that covers the spinal cord. 5. Poor correlation of physical findings with MRI studies. 6. Use of MRI precluded because of: a. Claustrophobia. b. Technical issues, e.g., patient size. c. Safety reasons, e.g., pacemaker. d. Surgical hardware. In this case, the worker has had an MRI 7/17/15 which showed no evidence of spinal canal or neural foraminal stenosis but the study was limited by artifact due to previous surgery. The available records however do not indicate why CT myelography is requested. There is no discussion of concern of physical findings not correlating with MRI findings. The worker complains of neck pain radiating into the upper extremities but there is no discussion of exam findings consistent with radiculopathy. She has been referred to neurosurgery but records from the neurosurgeon are not available and there is no indication that surgery is being planned. Therefore, the request is not medically necessary.