

Case Number:	CM14-0120317		
Date Assigned:	08/06/2014	Date of Injury:	07/08/2011
Decision Date:	09/10/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	07/28/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 48 year old female with date of injury 7/8/11 that occurred as a result of an auto accident where she was rear ended. She underwent cervical fusion at C5/6 in December 2011 due to 8mm disc protrusion. Lumbar MRI dated September 2011 indicates L4 and L5 disc protrusions. The treating physician report dated 7/9/14 indicates that the patient presents with pain affecting the cervical spine, lumbar spine with right lower extremity paresthesia, left shoulder and arm pain and headaches. Examination findings include decreased cervical and lumbar ranges of motion, decreased sensation affecting the right C6 and C7 dermatomes and normal motor exam. The current diagnoses are: 1. Migraine headache with aura. 2. DDD cervical spine. 3. Radiculitis cervical spine. 4. DDD lumbar spine. 5. Lumbar stenosis. 6. Lumbar radiculitis. 7. Idiopathic scoliosis. The utilization review report dated 7/15/14 denied the request for Cervical CT Myelogram based on lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical CT Myelogram: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient presents 2 years post-surgical fusion of C5/6 with chronic neck pain back pain, shoulder and arm pain and headaches. The current request is for Cervical CT Myelogram. The treating physician report dated 7/9/14 states, "To determine MMI and permanent P&S I would require CT myelogram of the cervical and lumbar spine with upper ext EMG bilaterally." The MTUS Guidelines do not address myelograms. The ODG Guidelines state that they can be recommended for surgical planning, CSF leak site detection, radiation planning, infections or when MRI is precluded. In this case the treating physician has requested a CT scan to determine maximum medical improvement which is not supported by ODG. Recommendation is for denial.