

Case Number:	CM15-0016708		
Date Assigned:	02/05/2015	Date of Injury:	12/10/2004
Decision Date:	03/20/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	01/29/2015

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: North Carolina
 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 58-year-old female who sustained an industrial injury on 12/10/2004. Diagnoses include disc bulge C6-7, degenerative disc disease, facet disease, and moderate central stenosis at C5-C6, right carpal tunnel syndrome, status post L4-S1 decompression and fusion and instrumentation of the iliac crest bone graft in 2010, status post lumbar hardware removal in 2012, and pathological fracture of vertebrae. Treatment to date has included medications, and spinal cord stimulator. A physician progress note dated 01/13/2015 documents the injured worker complains of neck pain radiating to her hands. Her neck pain has gotten worse, and she is having more numbness in her hands. Motion of the neck does cause painful symptoms and there is evidence of muscle spasm at the cervical spine. The injured worker has difficulty walking, and changing position. There is muscle spasm present and guarding with motion of the lumbar spine. Treatment requested is for CT (computed tomography) Myelogram of the cervical spine. 01/22/2015 Utilization Review non-certified the request for CT (computed tomography) Myelogram of the cervical spine, and cited was California Medical Treatment Utilization Schedule (MTUS) - American College of Occupational and Environmental Medicine (ACOEM).

IMR ISSUES, DECISIONS AND RATIONALES

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

CT (computed tomography) Myelogram of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter, Myelography

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: The ACOEM chapter on neck and upper back complaints and special diagnostic studies states: Criteria for ordering imaging studies are: Emergence of a red flag, Physiologic evidence of tissue insult or neurologic dysfunction, Failure to progress in a strengthening program intended to avoid surgery, Clarification of the anatomy prior to an invasive procedure. The provided progress notes fails to show any documentation of indications for imaging studies of the neck as outlined above per the ACOEM. There was no emergence of red flag. The neck pain was characterized as unchanged. The physical exam noted no evidence of tissue insult or neurologic dysfunction. There is no planned invasive procedure. Therefore, criteria have not been met for imaging of the neck and the request is not certified.