

Case Number:	CM15-0018142		
Date Assigned:	02/06/2015	Date of Injury:	03/16/2011
Decision Date:	03/30/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	01/30/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency Medicine

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 51 year old female, who sustained an industrial injury on March 16, 2011 and May 13, 2010. She has reported feeling pulses and numbness in the hands. The diagnoses have included spondylosis, myalgia and myositis, unspecified and neuralgia, neuritis and radiculitis, unspecified. Treatment to date has included pain medication, radiographic imaging and diagnostic studies. Currently, the IW complains of feeling pulses and numbness in the hands. The injured worker reported an industrial injury in 2011, resulting in feeling pulses and numbness in the hands. On January 22, 2015, Utilization Review non-certified a computed tomography myelogram, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On January 30, 2015, the injured worker submitted an application for IMR for review of requested computed tomography myelogram of the cervical spine with flexion views.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT Myelogram Cervical Spine with Flexion Views: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: ACOEM guidelines for CT state that CT is not indicated unless a 3-4 week course of conservative therapy has been unsuccessful in improving symptoms. In addition, the development of any red flag/emergency is indication for CT. The ODG indicate use of CT myelogram for locating a cerebral spinal fluid leak, surgical planning and diagnostic efforts. In this case, CT myelogram is not supported by the guidelines. The clinical information provided indicates that the patient had improved with physical therapy and cervical spine epidural injections. The records did not show any progression of neurologic deficits and there was no current indication that surgery was being considered. The 1 CT myelogram cervical spine with flexion views is not medically appropriate and necessary.