

Case Number:	CM15-0173406		
Date Assigned:	09/15/2015	Date of Injury:	03/31/2009
Decision Date:	10/15/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	09/02/2015

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: California, Indiana, New York
Certification(s)/Specialty: Internal 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 59 year old male who sustained an industrial injury on 03-31-09. A review of the medical records indicates the injured worker is undergoing treatment for cervical discopathy, bilateral carpal tunnel syndrome, left shoulder impingement, right shoulder surgery, lumbar fusion with retained symptomatic lumbar spinal hardware, bilateral hip bursitis, internal derangement bilateral hips, bilateral plantar fasciitis, and bilateral ankle internal derangement. Medical records (06-19-15) reveal palpable paravertebral muscle tenderness with spasm with numbness and tingling in the shoulder, arm, and hand. There is also tenderness in the right shoulder anteriorly and at the subacromial space and acromioclavicular joint, as well as lumbar spine pain with terminal motion and left knee joint line tenderness. Treatment has included right shoulder, lumbar spine, right knee, left foot and ankle surgeries, as well as medications. The original utilization review (08-11-15) non certified the request for a cervical myelogram.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical myelogram: 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 section, Myelography.

Decision rationale: Pursuant to the Official Disability Guidelines, cervical myelogram is not medically necessary. Myelography is not recommended except for selected conditions when magnetic resonance imaging cannot be performed or in addition to MRI. Myelography may be useful for preoperative planning. The Official Disability Guidelines for symptoms myelography are enumerated in the ODG. In this case, the injured worker's working diagnoses are cervical degenerative disc disease; cervical radiculopathy; median nerve dysfunction; and shoulder impingement syndrome. The date of injury is March 31, 2009. Request for authorization is August 4, 2015. According to an agreed medical examination (AME) dated February 10, 2015, the injured worker status post right shoulder arthroscopy. The injured worker underwent prior lumbar spinal surgery with hardware removal. There is no documentation of prior neck surgeries. There is no documentation of an MRI cervical spine in the medical record. There is a single progress note from the requesting provider. The treating/requesting provider is ordering a CT myelogram and contrast CT of the cervical spine to define structural issues in the neck as it applies to surgical considerations. Subjectively, according to the July 13, 2015 progress note by the treating provider, the injured worker complains of neck pain with right and left upper extremity pain. Objectively, there is no neurologic evidence of radiculopathy on physical examination. The documentation does not show any focal neurologic findings to correlate with a particular focal neurologic lesion. Surgery in the cervical spine is not clinically indicated the absence of physical examination/neurologic findings. Myelography is not recommended except for selected conditions when magnetic resonance imaging cannot be performed or in addition to MRI. Myelography may be useful for preoperative planning. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no prior magnetic resonance imaging scan of the cervical spine, no focal neurologic evaluation on physical examination, and guideline non-recommendations, cervical myelogram is not medically necessary.