

Case Number:	CM15-0069964		
Date Assigned:	04/17/2015	Date of Injury:	11/20/2013
Decision Date:	05/18/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	04/13/2015

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 54 year old male, who sustained an industrial injury on 11/20/13. He reported initial complaints of the right wrist/arm. The injured worker was diagnosed as having right wrist sprain; right shoulder strain; rotator cuff tendinitis and labral defect; cervical strain superimposed multilevel cervical stenosis; right upper extremity radicular pain. Treatment to date has included chiropractic therapy; MRI cervical spine (11/4/14); medications. Currently, the PR-2 notes dated 3/4/15 indicated the injured worker complains of neck and right arm pain. The physical examination demonstrates tenderness in the lower cervical area. Active voluntary range of motion of the cervical spine disclosed the injured worker was very guarded in neck motion and complained of moderate pain at the extremes of motion. Any extension of the neck reproduces pain in the right scapula and weakness of the right hand finger extensors, one grade out of five, one grade out of five weaknesses of the triceps. Impingement test was felt to be slightly positive on the right shoulder. The provider's treatment plan recommends a cervical myelogram and enhanced CT scan extending from C2-T1 and then will provide further suggestions for the course of care and treatment as it relates to his neck. The request for Computerized Tomography (CT Scan) with Myelogram of Cervical Spine was denied at Utilization Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Computerized Tomography (CT Scan) with Myelogram of Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-194.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Section, Myelography.

Decision rationale: Pursuant to the ACOEM and Official Disability Guidelines, computerized tomography (CT Scan) with myelogram cervical spine is not medically necessary. Myelography is not recommended except when magnetic resonance imaging cannot be performed or in addition to magnetic resonance imaging. Myelography or CT Myelography may be useful for preoperative planning. CT Myelography has been largely superseded by the development of high resolution CT and magnetic resonance imaging of selected patients or when MR imaging cannot be performed or in addition to magnetic resonance imaging. The Official Disability Guidelines criteria for CT myelography (or myelography) include, but are not limited to surgical planning; radiation therapy planning; diagnostic evaluation of spinal or basal cisternal disease and infection poor correlation of physical findings with MRI studies; and use of MRI is precluded because of claustrophobia, technical issues, safety reasons, and surgical hardware. In this case, the injured worker's working diagnoses are right shoulder sprain with resultant rotator cuff tendinitis and labral defect of unknown clinical relevance; right wrist strain superimposed upon radiocarpal early degeneration; and cervical strain superimposed upon multilevel cervical stenosis with persistence that pain and right upper extremity radicular pain. An MRI was performed on November 4, 2014. The MRI showed moderate stenosis bilateral at C5 - C6; moderate left-sided foraminal stenosis at C4 - C5; severe left moderate right stenosis at C3 - C4; and severe right moderate left foraminal narrowing at C6 - C7. The ACOEM guidelines, neck and upper back complaints state; "For most patients presenting with neck or upper back problems, special studies are not needed unless the three or four week period of conservative care and observation fails to improve symptoms most patients improve quickly, provided any red flag conditions are ruled out. There are no red flag conditions documented in the medical record. Electrodiagnostic studies showed evidence of a right C5 - C6 unilateral radiculopathy. There has not been a request for authorization for proposed surgery at this time. Once a determination/authorization for proposed cervical surgery is in place, a CT myelography may be requested to supplement the magnetic resonance imaging scan prior to surgery. Consequently, absent clinical documentation with authorization for cervical spine surgery, computerized tomography (CT Scan) with myelogram cervical spine is premature and not medically necessary.