

Case Number:	CM13-0006203		
Date Assigned:	08/27/2013	Date of Injury:	08/14/2006
Decision Date:	01/03/2014	UR Denial Date:	07/24/2013
Priority:	Standard	Application Received:	08/02/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Pain Management and Rehabilitation, 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 physician 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.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient's underlying date of injury is 08/14/2006. The primary treating diagnoses are lumbago and cervical post laminectomy syndrome. The patient is status post a cervical spine fusion at C2 through C5 in 2012. The patient underwent an agreed medical examination on 07/08/2013. A detailed complex neurological supplemental report notes that the patient has a history of severe underlying findings suggesting ankylosing spondylitis with fusions of multiple bones, as well as cord compression of the cervical spine of unclear etiology. The patient was noted to have a mildly unstable gait, felt related to his spinal cord compression condition. Overall, the patient's clinical presentation was felt to be complex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical, thoracic and lumbar spine CT Myelogram: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178, 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, and - Neck and Upper back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 182,309.

Decision rationale: ACOEM guidelines, chapter 8, Neck and Upper back, page 182, recommends CT imaging "to validate diagnosis of neural compromise, based on clear history and physical exam findings, in preparation for invasive procedure." Similar recommendations for

the lumbar spine are noted in the ACOEM guidelines, chapter 12, Low Back, page 309, recommending "myelography or CT myelography for preoperative planning." This is an extremely complex case with multiple specialists who have done very detailed evaluations. The employee is reported to have very substantial gait and other upper motor neuron neurological deficits despite past surgical intervention. There is concern regarding potential evolving myelopathy and myelogram of the entire spine has been requested for diagnostic and preoperative surgical purposes. This an unusual case with a significant amount of physician judgment involved which is documented in great detail. Overall, the current request is consistent with the guidelines. This request for a cervical/thoracic/lumbar spine CT scan and myelogram is medically necessary.