

<b>Case Number:</b>	CM13-0028906		
<b>Date Assigned:</b>	11/27/2013	<b>Date of Injury:</b>	05/14/2007
<b>Decision Date:</b>	02/05/2014	<b>UR Denial Date:</b>	09/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2013

### 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 Occupational Medicine 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. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 applicant has filed a claim for chronic neck and upper extremity pain reportedly associated with an industrial injury of May 14, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; and extensive periods of time off of work, on total temporary disability. A progress note of September 16, 2013 is notable for comments that the applicant reports worsening neck pain, intermittent gait disturbance, and worsening upper extremity pain and weakness. The applicant obtained a consultation with another spine surgeon, it is noted. The applicant was apparently given a diagnosis of early cervical myelopathy. Non-operative treatment was endorsed. It is stated that the applicant is a candidate for spine surgery and therefore needs both CT imaging and flexion/extension views of the cervical spine to evaluate for instability. The applicant is diabetic and is status post carpal tunnel release surgery. The applicant is apparently continuing to smoke, it is noted. 4/5 upper extremity strength is appreciated with limited range of motion also noted. Left upper extremity sensorium is diffusely diminished. It is stated that CT scanning and plain films of the cervical spine are indicated to determine whether or not the claimant has instability for which surgical intervention will be indicated. An updated MRI is also endorsed to further validate the myelomalacia/myelopathy apparently appreciated on prior cervical MRI imaging.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in chapter 8 table 8-8, MRI or CT imaging can be employed to validate a diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for an invasive procedure. In this case, while it does appear that the claimant is a candidate for an invasive procedure, CT scan imaging has been endorsed below. It is possible (and indeed likely) that the CT scanning can evaluate the myelomalacia and instability which the attending provider is searching for. Therefore, the request is not certified owing to the fact that both MRI and CT imaging could be potentially duplicative/redundant. If, for example, the CT scanning demonstrates all that the attending provider is searching for, then this would effectively obviate the need for MRI imaging.

**CT scan of the cervical spine:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**Decision rationale:** As noted MTUS-adopted ACOEM Guidelines in chapter 8 table 8-8, MRI or CT scan imaging can be employed to validate a diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for an invasive procedure. In this case, the applicant does have signs and symptoms suggestive of an active cervical myelopathy, including weakness about the arms, reported gait derangement/gait disturbance with suspected falling, etc., which do call into question cervical myelopathy. CT scanning is indicated to further delineate the same. As further noted by the attending provider, there is also some evidence of instability present here. As noted in the ACOEM chapter 8, CT imaging for bony structures is recommended, particularly if there is evidence of nerve impairment or tissue insult. For all of these reasons, then, the request is certified, on independent medical review.

**Flexion/extension x-ray radiography:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**Decision rationale:** The MTUS-adopted ACOEM Guidelines in chapter 8 table 8-7, do discuss the topic of x-rays of the cervical spine, but only in the acute traumatic setting. They do not

discuss the need for flexion and extension views of the cervical spine to assess for suspected cervical instability. As noted in the third edition ACOEM Guidelines, flexion and extension views of the cervical spine are endorsed to evaluate for symptomatic spondylolisthesis or other cause of cervical instability in the setting in which there is consideration for surgery or other invasive treatment. In this case, as suggested by the attending provider, the applicant is in fact considering cervical spine surgery. The applicant has consulted two separate spine surgeons. Obtaining flexion and extension views of the cervical spine to further delineate the suspected instability is indicated. The request is certified, on independent medical review.