

<b>Case Number:</b>	CM13-0037512		
<b>Date Assigned:</b>	03/19/2014	<b>Date of Injury:</b>	07/21/2005
<b>Decision Date:</b>	04/23/2014	<b>UR Denial Date:</b>	09/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2013

### 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. The expert reviewer is Board Certified in Physical Medicine & 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 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/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:

This is a 49 year-old female who was injured on 7/21/2005. She has been diagnosed with s/p C3/4 and C5/6 fusion on 10/12/05, with hardware removal on 6/27/07, secondary to abscess, MRI of cervical spine from 7/3/13 shows anterior fusion C3, C4, C5, C6 plate/screws, C3/4 possible myelomalacia, 1-2 mm disc bulge at C2/3, multilevel disc desiccation; failed trial of SCS implant in 2009. On 9/24/13 [REDACTED] reviewed [REDACTED] 9/9/13 and 7/18/13 supplemental reports and 7/23/13 PR2, and 7/3/13 MRI report and recommended non-certification for an MRI with gadolinium, and CT myelogram of the cervical spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**An MRI of the cervical spine with gadolinium:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation MTUS: ACOEM, Chapter 8, 177-179

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation MTUS: ACOEM, 8, 177-178

**Decision rationale:** According to the medical records provided for review, the patient had indications for an MRI on 7/3/13. An MRI picked up a cord lesion, possible myelomalacia that required further work-up with the contrast MRI. The cord lesion at C4 is considered a red flag condition. Tumor, infection, or cord compromise are red-flags according to the ACOEM Guidelines. The MRI with contrast was in accordance with the ACOEM Guidelines. The request is therefore medically necessary and appropriate.

**A CT myelogram of the cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

**Decision rationale:** Neither the 7/3/13 MRI of the cervical spine, nor the 9/11/13 MRI with contrast found central spinal stenosis. There were no physical exam findings on 6/12/13 suggestive of myelopathy. ACOEM Guidelines state that MRI's are better for neural or soft tissue and the CT scan is preferable for bony structures. The MRI was indicated for evaluation of myelomalacia. The CT scan for evaluating the cord/myelomalacia is not in accordance with ACOEM Guidelines. The request is not medically necessary and appropriate.