

Case Number:	CM13-0061654		
Date Assigned:	12/30/2013	Date of Injury:	05/21/2007
Decision Date:	04/04/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	12/05/2013

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 Orthopedic Surgery has a subspecialty in Spine Surgery and is licensed to practice in Texas, Montana, and Tennessee. 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:

This is a 65-year-old female patient with a date of injury of May 21, 2007 and the mechanism of injury was that the patient fell. The patient subsequently had a posterior cervical laminectomy and fusion extending from C4 through T2 with instrumentation. The patient had exacerbation of left ulnar neuropathy, status post anterior cervical vertebrectomy and fusion at C4-5, C5-6, and C6-7. Surgery was then carried out on December 10, 2007 anteriorly and on December 12, 2007 posteriorly. A magnetic resonance imaging (MRI) of the cervical spine on July 15, 2013 documented the following: at C3-4, there was an anterior solid fusion and posterior fusion and bilateral unciniate and severe left and moderate right facet hypertrophy, which resulted in severe left foraminal stenosis. At C2-3, a 1 to 2 mm anterolisthesis of C2 with respect to C3 was noted; at C4-5, there was right foraminal narrowing from residual unciniate and facet hypertrophy; at C5-6, there was mild foraminal narrowing without central stenosis; at C6-7, mild left foraminal narrowing with residual unciniate and facet hypertrophy and at C7-T1, there was facet hypertrophy without significant foraminal stenosis. An electromyogram (EMG) on July 15, 2013 revealed moderate chronic left C7 and C8 radiculopathies, mild to moderate right carpal tunnel syndrome and mild left carpal tunnel syndrome, and mild right ulnar neuropathy at the elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

cervical myelogram: 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 ODG Neck & Upper Back, Myelography

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back, Myelography

Decision rationale: The Official Disability Guidelines state that a myelogram is not recommended except when an MRI cannot be performed, or in addition to an MRI. A myelography or computed tomography (CT)-myelography may be useful for preoperative planning. On the office visit dated September 26, 2013, the patient presented with left arm pain with associated loss of sensation and loss of strength. The patient reported pain shooting down to the left hand primarily to the 4th and 5th fingers. The patient also complained of pain with range of motion of the neck. The requested cervical myelogram is supported in this clinical situation to evaluate the cervical spine neurological compression. A cervical myelogram would be indicated given an MRI in this patient would be subject to severe scatter artifact from the metallic implants and would not be able to provide adequate and definitive information. Therefore, the request for a cervical myelogram is medically necessary and appropriate.