

<b>Case Number:</b>	CM14-0001263		
<b>Date Assigned:</b>	01/22/2014	<b>Date of Injury:</b>	09/06/2012
<b>Decision Date:</b>	06/26/2014	<b>UR Denial Date:</b>	12/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/03/2014

### 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 and Rehabilitation and is licensed to practice in Illinois. 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:

The injured worker is a 40-year-old female who reported an injury on 09/06/2012 due to cumulative trauma while performing normal job duties. The injured worker reportedly sustained an injury to her neck and bilateral upper extremities. The injured worker's treatment history included physical therapy, medications, and a TENS unit. The injured worker underwent an MRI of the cervical spine on 10/03/2013. It was documented that there was a disc bulge at the C6-7, no evidence of neural impingement. It was noted that the injured worker had degenerative disc and facet changes at the C2, C3-6, and C7. The injured worker was evaluated on 12/06/2013. It was documented that she had progressive pain complaints with limited lumbar and cervical range of motion. It was documented that the injured worker had decreased sensation in the C6-7 dermatomal distribution, decreased motor strength of shoulder flexion and abduction and decreased grip strength in the right hand. A letter of appeal dated 12/11/2013 documented that the cervical myelography would be in combination with the requested epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CERVICAL MYELOGRAPHY:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

**Decision rationale:** The requested cervical myelography is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not specifically address this type of imaging. Official Disability Guidelines recommend CT myelography to assist with surgical planning, radiation therapy planning, as a diagnostic tool to evaluate for spinal or basal cisternal disease, poor correlation of physical findings with MRI studies, or if an MRI is precluded. The clinical documentation submitted for review does not support that the injured worker meets any of these criteria. There is no documentation that the injured worker was a surgical candidate or that additional imaging beyond what is provided by the MRI is required. The clinical documentation does indicate that the requested procedure is to assist with administering an epidural steroid injection; however, there is no documentation to support that additional imaging beyond what could be provided by fluoroscopic guidance is necessary. As such, the requested cervical myelography is not medically necessary or appropriate.