

Case Number:	CM14-0113335		
Date Assigned:	09/22/2014	Date of Injury:	09/11/2012
Decision Date:	10/27/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/18/2014

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 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 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 applicant has filed a claim for chronic neck pain reportedly associated with an industrial injury of September 11, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; earlier cervical discectomy and fusion surgery of September 13, 2012; epidural steroid injection therapy; and unspecified amounts of physical therapy over the course of the claim. The claims administrator apparently invoked non-MTUS ODG guidelines on CT myelography in favor of MTUS guidelines on the same. In a June 22, 2014 Emergency Department note, the applicant apparently presented to the Emergency Department reporting an acute flare in back pain. A variety of medications were issued, including metformin, hydrochlorothiazide, Lasix, Lipitor, glipizide, Lopressor, Norvasc, Zestril, Flexeril, and Norco. An electrodiagnostic testing of June 20, 2014 was apparently consistent with a left C6-C7 radiculopathy and bilateral carpal tunnel syndrome. In a June 3, 2014 progress note, the applicant reported persistent complaints of neck pain and numbness at the C7-C8 distribution. The applicant had previously had a cervical fusion at C5-C6, it was stated. The attending provider noted that the applicant had diminished left upper extremity strength which scored a 4/5 versus 5/5 on the right with normal sensorium appreciated about both upper extremities. The applicant was described as having a solid fusion at C5-C6 without evidence of breakage of hardware. CT myelography was endorsed, along with electrodiagnostic testing of the bilateral upper extremities. Vicodin, Voltaren, and Omeprazole were endorsed. It was not clearly stated what the purpose of the CT myelography in question was. It was not clearly stated whether the applicant was considering further cervical spine surgery. The attending provider stated that the applicant had not had any imaging studies of the neck for several years. It was acknowledged that the applicant had superimposed issues with carpal tunnel syndrome and diabetes. In a medical-legal

evaluation dated April 30, 2014, it was acknowledged that the applicant had not returned to work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Spine CT Myelogram: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178; Table 8-7, page 179.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 8, Table 8-7, page 179, does score CT myelography a 4/4 in its ability to identify and define suspected anatomic defects, ACOEM qualifies its position on special studies and imaging studies as a whole by noting in Chapter 8, page 178 that special studies should be reserved for applicants in whom clarification of the anatomy is desired prior to an invasive procedure. In this case, however, the attending provider seemingly stated that he was pursuing the CT myelography in question on the grounds that the applicant had not had any imaging studies in several years. There was no mention of the applicant's intention of acting on the results of the imaging study in question and/or considering further cervical spine surgery were the results positive, for instance. Therefore, the request is not medically necessary.

CT Myelogram Gadolinium Enhancement: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178; Table 8-7, page 179.

Decision rationale: While the MTUS-adopted ACOEM Guidelines in Chapter 8, Table 8-7, page 179 do note that CT myelography scored a 4/4 in its ability to identify and define suspected anatomic defects, ACOEM qualifies its position on imaging studies, as a whole, in Chapter 8, page 178 by noting that imaging studies should be reserved for applicants in whom clarification of the anatomy is sought prior to an invasive procedure. In this case, however, the attending provider seemingly ordered a CT myelogram for academic purposes. The attending provider stated that he was ordering the CT myelogram in question on the grounds that the applicant had not had imaging studies of the neck in several years. The attending provider did not state that the applicant was intent on acting on the results of the same and/or was in the process of pursuing a surgical remedy involving the cervical spine. Therefore, the request is not medically necessary.

