

Case Number:	CM14-0167114		
Date Assigned:	10/14/2014	Date of Injury:	10/31/2007
Decision Date:	11/18/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/10/2014

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 Diagnostic Radiology, has a subspecialty in Neuroradiology, and is licensed to practice in California and 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:

This 58-year-old fireman had a work-related injury on 10/31/2007. Among multiple injuries that he suffered and is being treated for, his current complaint is of neck and upper extremity pain and numbness. Initial physical examination showed no red flag signs related to his cervical spine. The first MRI of the cervical spine obtained on 10/19/2011 showed mild paracentral disk protrusion at C5-C6 level. A repeat MRI on 6/15/2012 was reported as basically unchanged. The 3rd MRI of 10/16/2013 was reported as disk bulges at C3-C4 and C5-C6, small focal protrusions at C4-C5 and C6-C7 levels. A recent CT examination of the cervical spine was reported as mild canal stenosis at C4-C5 and mild right foraminal narrowing at this level, mild canal stenosis at C5-C6 and mild to moderate narrowing of bilateral neural foramina at this level. He has been treated for this condition with pain medications, physical therapy, acupuncture, and facet injection. He also had an epidural steroid injection at the lower cervical spine on 8/6/14. On 8/26/2014 the patient reports to his pain management specialist significant improvement of his neck pain and about 75% reduction in the numbness of the upper extremities. In a visit on 9/17/2014, the neurosurgeon records the patient has neck pain, headaches, radiculopathy, paresthesia and weakness of the upper extremities, decreased range of motion and pain in his neck. He requests a CT Myelogram of the patient's neck.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT myelogram, cervical: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 172.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-177 and 179, Chronic Pain Treatment Guidelines.

Decision rationale: The available medical records for this patient show he is suffering from a chronic progressive degenerative bone and degenerative disk disease of his spine. Three MRI examinations during the past four years and a recent CT scan of his cervical spine reveal the nature of this ongoing process. He has developed mild stenosis of his spinal canal and narrowing of the neural foramina at one or more levels. The patient has benefitted from epidural steroid injection at one level. I believe the imaging and electromyography (EMG) findings have to be correlated with the patient's clinical signs and symptoms and his candidacy for surgery. CT Myelography should only then be considered if the patient's clinical signs and symptoms are not explained by those of imaging findings. According to the above referenced guidelines, the CT-Myelography of the cervical spine is not necessary at this time.