

Case Number:	CM14-0167364		
Date Assigned:	10/14/2014	Date of Injury:	07/06/2008
Decision Date:	11/17/2014	UR Denial Date:	10/07/2014
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 Internal 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 injured worker (IW) is a 52-year old woman who sustained an injury on July 6, 2008 while she was working on computers and the cable caught on something; she turned to yank it and felt a "pop" in her neck and pain in her left shoulder. The IW has been having neck pain as early as 2001. She was indicated to have undergone anterior cervical discectomy and fusion at C5-C7 on October 1, 2010. She is diagnosed with status-post cervical fusion, bilateral carpal tunnel syndrome, and left shoulder labral tear. Other documented treatments included activity restrictions, bracing, bone stimulation, exercises, physical therapy, heat/ice applications, and medications. She continued to experience paresthesias in both hands. X-rays from August 2011 demonstrated that the fusion at C5-C6 and C6-C7 appeared solidly healed. EMG/NCV of the bilateral upper extremities dated September 30, 2011 revealed mild bilateral carpal tunnel syndrome. An MRI of her cervical spine dated February 2013 showed fusion at C5-C6 and C6-C7 with the hardware in place and good fusion. There was some angulation at the C5-C6 area and mild canal stenosis, but there was no apparent compression of the spinal cord. Per the July 28, 2014 office visit, the IW complained of constant neck pain radiating to the shoulders bilaterally. She has associated dizziness and reported having spinal fluid coming out of her nose. She claimed to have been exposed to toxic metal from her cervical spine surgery. She was referred to internal medicine. She was seen for a comprehensive neurological consultation August 21, 2014. She continued to complain of toxins in her body from the "counterfeit" and "toxic" hardware placed in her neck. She was desperate to have the hardware removed. Neurological examination revealed no apparent motor deficits in the upper or lower extremities, no apparent sensory deficits, and symmetrical reflexes. Other physicians had diagnosed her with myelomalacia. The treating provider saw no apparent signs of myelomalacia in her cervical spine on the latest MRI or on examination. Cervical CT was recommended to determine the location of

the hardware, as the MRI had been unable to evaluate the exact position of the hardware. However, there was no indication recent screening radiographs had been obtained and had also been unable to locate the position of the hardware, to justify evaluation with advanced imaging. It is documented that it is not clear how a cervical CT result would change the treatment plan.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 CT Scan of the Cervical Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Table 8-8. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Neck Complaints; Magnetic Resonance Imaging

Decision rationale: Pursuant to the Official Disability Guidelines, CT scan of the neck is not indicated for patients who are alert, have never lost consciousness, are not under the influence of alcohol and/or drugs, have no distracting injuries, and have no cervical tenderness, and no neurologic findings. Patients who do not fall into this category should have a three view cervical radiographic series first then followed by a CAT scan. In determining whether patients have ligamentous instability, MRI evaluation is the procedure of choice. The American College of Occupational and Environmental Medicine recommends CT to evaluate red flag diagnoses, MRI or CT scan to validate diagnosis of compromise based on a clear history and physical examination, in preparation for an invasive procedure, if no improvement after one month. In this case, the injured worker had an MRI of the cervical spine February 2013. It shows fusion C-5 C6 and C6 C7 with hardware in place and good fusion. The injured worker was concerned about "toxic metal" in her instrumentation. She was seen for an initial comprehensive neurosurgical evaluation on August 21, 2014. The injured worker was desperate to have the hardware removed. Physical examination/neurologic evaluation revealed no apparent motor deficits in the upper or lower extremities, no apparent sensory deficits and reflexes were symmetrical. The requesting physician believes the patient was referring to what other doctors diagnosed her with, which was myelomalacia. The treating physician saw no apparent signs of myelomalacia on her cervical spine MRI from February 2013. A cervical CAT scan was recommended to determine the location of the hardware because the MRI was unable to evaluate the exact position of the hardware. However, to this point there was no indication that the recent screening radiographs have been obtained to locate the position of the hardware. Additionally, it is unclear how a cervical CAT scan would change the treatment plan. Based on the clinical information in the medical record and evidence-based peer-reviewed medical literature the CAT scan of cervical spine is not medically necessary.