

<b>Case Number:</b>	CM14-0178038		
<b>Date Assigned:</b>	10/31/2014	<b>Date of Injury:</b>	08/01/1992
<b>Decision Date:</b>	12/15/2014	<b>UR Denial Date:</b>	10/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2014

### 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 patient is a 67-year-old male who has submitted a claim for rule out spinal cord compression, cervical myelopathy, and cervicogenic headaches associated with an industrial injury date of 8/1/1992. Medical records from 2014 were reviewed. The patient complained of neck pain associated with hand numbness and weakness. Patient likewise had episodes of falling and gait imbalance. Physical examination showed antalgic and wide-based gait. Patient was unable to walk on a single line. She utilized a cane during ambulation. Examination of the cervical spine showed a well-healed scar, tenderness, and limited motion. Motor strength of the right biceps and triceps was 4/5. Handgrip strength on the right was 3/5. The left upper extremity strength was 5-/5. Hamstring motor strength was rated 3/5 on the left. Spurling test was positive. Deep tendon reflexes at lower extremities was rated 3+. A three-beat clonus was noted at bilateral ankle. MRI of the cervical spine from 9/10/2014 showed C5-C6 fusion; and protruding discs at C4-C5 and C3-C4 causing severe canal stenosis and myelomalacia. Treatment to date has included C5-C6 fusion, physical therapy, epidural injection, acupuncture, chiropractic care, and medications. The request for thoracic MRI is to rule out thoracic spinal cord compression as a secondary lesion because the patient presented with clonus in the lower extremities and hyperreflexia. Patient is to undergo laminoplasty at C3 through C7. The utilization review from 10/3/2014 denied the request for STAT MRI of thoracic spine. Reasons for denial were not made available.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**STAT MRI of Thoracic Spine:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165, 177-178.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back (Lumbar and Thoracic) Chapter, MRI

**Decision rationale:** As stated on pages 303-304 of the ACOEM Practice Guidelines referenced by CA MTUS, imaging of the thoracic spine is recommended in patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, failure to respond to treatment, and consideration for surgery. In addition, Official Disability Guidelines recommend MRI for thoracic trauma, presence of neurologic deficit, uncomplicated back pain with radiculopathy, after at least 1 month of conservative therapy. In this case, patient complained of neck pain associated with hand numbness and weakness. Patient likewise had episodes of falling and gait imbalance. Physical examination showed antalgic and wide-based gait. Patient was unable to walk on a single line. She utilized a cane during ambulation. Examination of the cervical spine showed a well-healed scar, tenderness, and limited motion. Motor strength of the right biceps and triceps was 4/5. Handgrip strength on the right was 3/5. The left upper extremity strength was 5-/5. Hamstring motor strength was rated 3/5 on the left. Spurling test was positive. Deep tendon reflexes at lower extremities was rated 3+. A three-beat clonus was noted at bilateral ankle. MRI of the cervical spine from 9/10/2014 showed C5-C6 fusion; and protruding discs at C4-C5 and C3-C4 causing severe canal stenosis and myelomalacia. Symptoms persisted despite C5-C6 fusion, physical therapy, epidural injection, acupuncture, chiropractic care, and medications. Current treatment plan includes laminoplasty at C3 through C7. However, the request for thoracic MRI is to rule out thoracic spinal cord compression because the patient presented with clonus in the lower extremities and hyperreflexia. There is a clear rationale presented for MRI to rule out a secondary lesion in the thoracic area. Therefore, request for STAT MRI of the thoracic spine is medically necessary.