

<b>Case Number:</b>	CM14-0022843		
<b>Date Assigned:</b>	05/12/2014	<b>Date of Injury:</b>	04/21/1997
<b>Decision Date:</b>	08/11/2014	<b>UR Denial Date:</b>	02/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2014

### 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 injured worker is a 55-year-old male who was initially injured on April 21, 1997. The mechanism of injury is described as standing on a box of merchandise while performing routine duties as an associate at a hardware supply store. The injured worker fell and injured his neck, low back, and right shoulder. He received epidural steroid injections to the lumbar spine (L3-L5) and neck prior to a lumbar spine fusion on July 10, 2000. A second fusion and hardware removal was performed in 2006. Removal of hardware from the lumbar spine occurred in June of 2009. A three level cervical fusion in 2011 is noted. An Euflexxa injection to the right knee was done on March 2012. The record further indicates a new injury dated July 12, 2007 in which the injured was involved in a work related motor vehicle accident and t-boned by a semi tractor trailer while driving a water truck. A progress report dated February 13, 2012 listed current diagnoses as post laminectomy syndrome of the cervical region and post laminectomy of the lumbar region. A cervical MRI (magnetic resonance imaging) on 3/1/12 demonstrated a normal cord and no stenosis or impingement on the cord. A progress note dated May 29, 2013 documents a change in the injured worker's employment from a hardware associate to a driver of a water truck. Complaints of numbness in the right arm, pain in the neck, low back, and left leg are noted. Similar complaints were noted on 9/9/13, 10/30/13, and 12/11/13. In December of 2013, the upper extremity exam was noted to be normal (presumably motor), but with reduced light touch in the C5 to T1 dermatomes and reduced deep tendon reflexes. A cervical computed tomography (CT) myelogram was requested but the plan for the results was not given.

### 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:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Myelography.

**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, Myelography.

**Decision rationale:** According to the online Official Disability Guidelines (ODG), computed tomography (CT) myelography is not generally recommended as it has been superseded by high resolution CT or MRI (magnetic resonance imaging). CT myelography is noted to be useful when MRI cannot be performed or for pre-operative planning. In this case, there is no documentation of the intended use of the results of the scan or reasons why MRI could not be used. This patient has had multiple spinal surgeries. Absent a concrete contraindication to MRI or a specific treatment plan, non-authorization is appropriate.