

Case Number:	CM14-0049015		
Date Assigned:	06/25/2014	Date of Injury:	11/17/2006
Decision Date:	07/28/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/26/2014

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 Orthopaedic Surgery 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:

This 61-year-old male sustained an industrial injury on 11/17/06. The patient underwent an anterior C5/6 fusion on 5/8/07 following a CT myelogram. The patient had residual upper extremity symptoms. Electrodiagnostic studies on 4/22/08 confirmed a chronic left C5/6 radiculopathy. The 5/27/08 cervical MRI revealed osteophytic complexes impinging the cord at C4/5 and C6/7, and osteophytic ridging at C7/T1. The patient underwent C6/7 laminectomy and foraminotomy on 10/17/08. The 3/26/14 appeal letter cited current complaints included increased neck pain with radiation to the bilateral upper extremities and occasional right C7 and C8 patterned numbness. The physical exam findings included positive Spurling's maneuver on the right, decreased right C7 and C8 distribution, decreased bilateral grip strength, decreased wrist flexion bilaterally, and decreased thumb/forefinger opposition on the right. The patient had 3 prior cervical epidural steroid injections that provided 50% pain relief for 4 to 6 months. He was able to decrease medication use after each injection, and reported reduction in numbness and tingling and improvement in grip strength.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Cervical Myelography, Cervical Epidurogram, Insertion of cervical catheter, Fluoroscopic guidance and IV sedation as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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: Under consideration is a request for cervical myelography, cervical epidurogram, insertion of cervical catheter, fluoroscopic guidance and IV sedation as an outpatient. The California MTUS guidelines do not provide recommendations for these procedures in chronic conditions. The ODG do not recommend myelography except for selected indications, when an MR imaging cannot be performed, or in addition to an MRI. Myelography may be useful for preoperative and radiation therapy planning, to demonstrate the site of a cerebrospinal fluid leak, or when there is poor correlation of physical findings with MRI studies. Myelography may also be indicated for diagnostic evaluation of spinal or basal cisternal disease, infection involving the bony spine, intervertebral discs, meninges and surrounding soft tissues, or inflammation of the arachnoid membrane that covers the spinal cord. A search of the California MTUS, ODG, and the National Guideline Clearinghouse did not reveal any evidence based medical guidelines to support the use of an epidurogram, which was essentially rendered obsolete by the introduction of an MRI and CT myelography. The guideline criteria have not been met. The diagnosis has been established by an MRI and electrodiagnostic studies, consistent with physical exam findings. There is no compelling reason to support the medical necessity of these diagnostic studies for this patient. Therefore, this request for cervical myelography, cervical epidurogram, insertion of cervical catheter, fluoroscopic guidance and IV sedation as an outpatient is not medically necessary.