

Case Number:	CM14-0078623		
Date Assigned:	07/23/2014	Date of Injury:	09/06/2012
Decision Date:	08/27/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	05/29/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 40-year-old female with a 9/6/12 date of injury. At the time (12/20/13) of the Decision for Cervical Myelography, there is documentation of subjective (neck pain radiating to shoulders and pain in bilateral upper extremities) and objective (decreased range of motion of the cervical spine, and decreased sensation to light touch over the C6 and C7 dermatomes on the right) findings, imaging findings (reported cervical MRI (10/3/13) revealed paracentral disc protrusion at C6-7, multilevel degenerative disc and facet changes from C2-C7, and no acute fracture or bony mass; report not available for review), current diagnoses (cervical disc displacement without myelopathy and pain in joint shoulder), and treatment to date (medications, physical therapy, and TENS). Medical report identifies that myelogram is requested for a cervical epidural steroid injection procedure. There is no documentation of preoperative planning and that MRI is unavailable, contraindicated, or inconclusive.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Myelography: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Myelography.

Decision rationale: The MTUS reference to ACOEM identifies documentation of preoperative planning and MRI not available, as criteria necessary to support the medical necessity of myelography. ODG identifies that myelography is recommended when MRI is unavailable, contraindicated (e.g. metallic foreign body), or inconclusive. Within the medical information available for review, there is documentation of diagnoses of cervical disc displacement without myelopathy, and pain in joint shoulder. However, despite documentation that myelogram is requested for a cervical epidural steroid injection, and given no documentation of a pending injection that has been authorized/certified, there is no documentation of preoperative planning. In addition, given documentation of MRI findings (paracentral disc protrusion at C6-7, multilevel degenerative disc and facet changes from C2-C7, and no acute fracture or bony mass), there is no documentation that MRI is unavailable, contraindicated, or inconclusive. Therefore, based on guidelines and a review of the evidence, the request for Cervical Myelography is not medically necessary.