

Case Number:	CM14-0023864		
Date Assigned:	09/12/2014	Date of Injury:	01/03/2012
Decision Date:	01/27/2015	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/25/2014

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:

Injured worker (IW) sustained an industrial injury on 01/03/12. 10/29/13 cervical MRI were interpreted as consistent with right foraminal disc protrusion at C7-T1 with moderate to severe right neural foraminal stenosis and compression of the amputated right C8 nerve root sleeve. Previous fusions from C5 to C7 were noted. Mild disc/osteophyte complex at C6-7 produced minimal compression on the spinal cord. Uncovertebral hypertrophy was associated with moderate bilateral neural foraminal narrowing at C6-7 and moderate left/mild right neural foraminal narrowing at C5-6. Very minimal bilateral neural foraminal narrowing was noted at C4-5 and C3-4. 11/08/13 office note documented complaints of cervical pain and right arm symptoms. On exam, sensation was diffusely decreased in both upper extremities, and was noted to be worst in C8-T1 distribution. 12/18/13 orthopedic consultation note documented reduced sensation in a right C8 distribution with otherwise normal neurological examination. Consultant recommended CT myelogram to determine whether there was a correlation between MRI findings and IW's clinical complaints. 02/12/14 electrodiagnostic studies showed mild bilateral carpal tunnel syndrome, mild slowing of ulnar nerve conduction across the left elbow, and denervation of the cervical paraspinal musculature without other evidence of radiculopathy. 05/02/14 office note documented positive compression test with radiculopathy over a C8-T1 dermatomal distribution. No focal neurological deficits were documented in subsequent office notes. 06/03/14 cervical MRI with and without contrast was interpreted as consistent with straightening of the cervical spine, surgical fusion at C5-6 and C6-7 with anterior fixation. At C5-6 peridiscal osteophytes caused mild neural foraminal narrowing on both sides. The spinal canal was patent. At C6-7 peridiscal osteophytes caused mild spinal canal and neural foraminal narrowing on both sides. Exiting and transiting nerve roots at C2-3, C3-4, C4-5, and C7-T1 were unremarkable. 07/16/14 upper extremity nerve conduction studies were interpreted as consistent

with moderate left wrist median neuropathy. EMG studies were interpreted as consistent with chronic cervical radiculopathy affecting the right C7-8 nerve roots and left C8 nerve root, without evidence of myelopathy. Office notes per treating physician include recommendation for cervical epidural steroid injections. 07/17/14 neurosurgical consultation note stated the IW sustained industrial injuries to the neck and upper extremities after long hours sitting and working at a computer. He complained of bilateral upper extremity pain. Neck extension cause pain radiating down the right arm towards the hand. He was s/p cervical fusion, 2 debridements of the wrists, and 2 tendon repairs. On exam, Lhermitte sign and Spurling sign were negative. No focal neurological deficits were documented. No surgery was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Myelogram with 3 D Ct Scan: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Computed tomography (CT).

Decision rationale: ACOEM Guidelines recommends: "MRI or CT to Validate diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure." ODG states: "Repeat CT is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation where MRI is contraindicated)." Office notes and consultation notes in this case document persistent complaints of neck pain radiating to the right upper extremity. While previous physical exam findings suggested C8 radiculopathy, more recent exams revealed no neurological deficits. The most recent upper extremity electrodiagnostic studies were interpreted as consistent with right C7-8 and left C8 radiculopathy. However, the most recent cervical MRI shows no evidence of nerve root compression and is at significant variance from the previous abnormal MRI findings, including C8 nerve root compression noted on 10/29/13 study. Due to IW's persistent symptoms and conflicting/confusing information provided by previous physical examinations, electrodiagnostic studies, and MRIs, the requested cervical CT myelogram is reasonable and medically necessary in order to rule out cervical nerve root compression and to serve as a guide to possible future treatments.