

Case Number:	CM15-0222788		
Date Assigned:	11/18/2015	Date of Injury:	02/03/2011
Decision Date:	12/30/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	11/12/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Montana, Oregon, Idaho
 Certification(s)/Specialty: Orthopedic Surgery

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 56 year old male who sustained an industrial injury on 02-03-2011. According to a handwritten partially legible progress report dated 09-24-2015, left shoulder pain was rated 8-9 out of 10. Pain was "severe". Left shoulder "SA CI" on 06-24-2015 helped, but then pain returned and was now worse. History of surgery on 07-15-2014 was noted. The injured worker had physical therapy x 30 and acupuncture x 18. The provider noted that an MRA was needed to rule out I.D. Cervical spine pain was increased significantly and "severe". Pain with movements was noted. The injured worker was status post C3-6 fusion on 04-04-2013. Pain was rated 8-9 out of 10. Due to increased "severe" pain, the provider was recommended CT myelogram of the cervical spine to assess fusion and hardware failure. Lumbar spine pain was increased and "severe" and rated 8-9 out of 10. Frequent ache was noted. Increased with prolonged sitting was noted. He was status post fusion on 04-26-2012. CT myelogram of the lumbar spine was recommended to assess fusion and hardware failure. The provider noted that the injured worker was previously seen by another provider and that forced range of motion of the fused neck was tried and that the injured worker drove home in increased pain. Left elbow pain was rated 4-5 out of 10. Left thumb pain was rated 6 out of 10. Diagnoses included left greater than right cervical spine radiculitis status post fusion 04-04-2013, status post lumbar spine fusion 04-26-2012 with residual pain, left shoulder residual pain and decreased range of motion rule out adhesive capsulitis, left elbow common extensor tendon tear, left thumb tendinitis, major depression, adjustment disorder, diabetes mellitus, gastroesophageal reflux disease, hypertension, erectile dysfunction and irritable bowel syndrome. The treatment plan included MRA of the left shoulder, CT myelogram of the cervical spine and lumbar spine

and schedule right 1st transforaminal epidural steroid injection per other provider. On 10-15-2015, Utilization Review non-certified the request CT myelogram of cervical spine with and without contrast and CT myelogram of lumbar spine with and without contrast.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT myelograms of cervical spine with and without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Diagnostic Criteria, Special Studies.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck.

Decision rationale: CA MTUS/ACOEM Guidelines are silent on the issue of cervical CT myelogram. According to the ODG, neck section, it is not recommended except for selected indications below, when MR imaging cannot be performed, or in addition to MRI. Myelography or CT-myelography may be useful for preoperative planning. (Bigos, 1999) (Colorado, 2001) Myelography and CT Myelography has largely been superseded by the development of high resolution CT and magnetic resonance imaging (MRI), but there remain the selected indications for these procedures, when MR imaging cannot be performed, or in addition to MRI. (Mukherji, 2009) ODG Criteria for Myelography and CT Myelography: 1. Demonstration of the site of a cerebrospinal fluid leak (post-lumbar puncture headache, post-spinal surgery headache, rhinorrhea, or otorrhea). 2. Surgical planning, especially in regard to the nerve roots; a myelogram can show whether surgical treatment is promising in a given case and, if it is, can help in planning surgery. 3. Radiation therapy planning, for tumors involving the bony spine, meninges, nerve roots or spinal cord. 4. Diagnostic evaluation of spinal or basal cisternal disease, and infection involving the bony spine, intervertebral discs, meninges and surrounding soft tissues, or inflammation of the arachnoid membrane that covers the spinal cord. 5. Poor correlation of physical findings with MRI studies. 6. Use of MRI precluded because of: a. Claustrophobia, b. Technical issues, e.g., patient size, c. Safety reasons, e.g., pacemaker, d. Surgical hardware. In this case the injured worker has undergone C3-C6 cervical fusion on 4/4/13. The submitted documentation reports that the injured worker was complaining of severe neck pain. There are no objective findings of cervical radiculopathy in a dermatomal or myotomal distribution. According to the documentation the study is being ordered to "assess fusion and hardware failure. Myelography is useful in imaging the neural elements but is not necessary to assess the fusion mass or hardware and result in additional risk to the patient. An MRI was already performed on 10/9/15. In addition there is no documentation of failed conservative management. Therefore the request is not medically necessary.

CT myelograms of lumbar spine with and without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Diagnostic Criteria, Special Studies.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back.

Decision rationale: CA MTUS/ACOEM is silent on the issue of CT myelogram of the lumbar spine. According to the ODG Low Back, Myelogram is indicated when MRI is not available, contraindicated, or inconclusive or CT myelogram is used as a supplement when visualization of neural structures is required for surgical planning or other specific problem solving. Myelography and CT Myelography have largely been superseded by the development of high resolution CT and magnetic resonance imaging (MRI), but there remain the selected indications below for these procedures, when MR imaging cannot be performed, or in addition to MRI. (Mukherji, 2009) ODG Criteria for Myelography and CT Myelography: 1. Demonstration of the site of a cerebrospinal fluid leak (post-lumbar puncture headache, post-spinal surgery headache, rhinorrhea, or otorrhea). 2. Surgical planning, especially in regard to the nerve roots; a myelogram can show whether surgical treatment is promising in a given case and, if it is, can help in planning surgery. 3. Radiation therapy planning, for tumors involving the bony spine, meninges, nerve roots or spinal cord. 4. Diagnostic evaluation of spinal or basal cisternal disease, and infection involving the bony spine, intervertebral discs, meninges and surrounding soft tissues, or inflammation of the arachnoid membrane that covers the spinal cord. 5. Poor correlation of physical findings with MRI studies. 6. Use of MRI precluded because of: a. Claustrophobia, b. Technical issues, e.g., patient size, c. Safety reasons, e.g., pacemaker, d. Surgical hardware. In this case the submitted documentation reports that the injured worker has undergone a lumbar fusion at L5-S1. The justification for the request is to assess lumbar fusion and hardware failure. A myelogram is not necessary required to evaluate bony anatomy and surgical hardware and exposes the patient to increased risk. In addition, there is no documentation of failure of trial of conservative management for worsening symptoms. Therefore the request is not medically necessary.