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| <b>Case Number:</b>   | CM14-0162364 |                              |            |
| <b>Date Assigned:</b> | 10/07/2014   | <b>Date of Injury:</b>       | 03/21/2009 |
| <b>Decision Date:</b> | 11/03/2014   | <b>UR Denial Date:</b>       | 09/29/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/02/2014 |

### 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:

Patient is a 40 year-old male with date of injury 03/21/2009. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 09/15/2014, lists subjective complaints as neck and right upper extremity pain. Objective findings: Examination of the cervical spine revealed tenderness to palpation of the cervical paraspinal muscles. No other objective findings were documented. Diagnosis: 1. Status post three surgeries to the right upper extremity, ulnar nerve release followed by carpal tunnel release followed by another ulnar nerve release in 2009, 2010 and 2012 2. Status post left ulnar and carpal tunnel releases in January 2014. 3. Chronic neck and left upper extremity pain, likely C6 radiculopathy, MRI of the cervical spine showed large disc herniation over to left side at C5-C6.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CT Scan Myelogram Without Contrast for Cervical Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177, 178, 182.

**Decision rationale:** The MTUS states that an MRI or CT is recommended to validate diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure. In addition, the ACOEM Guidelines state the following criteria for ordering imaging studies: 1. Emergence of a red flag, 2. Physiologic evidence of tissue insult or neurologic dysfunction, 3. Failure to progress in a strengthening program intended to avoid surgery, 4. Clarification of the anatomy prior to an invasive procedure. There is no documentation of any of the above criteria supporting a recommendation of A Cervical Myelogram CT. Therefore, the requested CT Scan Myelogram Without Contrast for Cervical Spine is not medically necessary.