

<b>Case Number:</b>	CM15-0078116		
<b>Date Assigned:</b>	04/29/2015	<b>Date of Injury:</b>	07/25/2003
<b>Decision Date:</b>	05/29/2015	<b>UR Denial Date:</b>	04/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2015

### 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: Texas, California  
 Certification(s)/Specialty: Family Practice

### 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 57-year-old female, who sustained an industrial injury on 7/25/2003. She reported injury when heavy objects fell onto her neck, left shoulder, upper back and left wrist and hand. The injured worker was diagnosed as having cervicalgia, brachial plexus lesions, lumbosacral plexus lesions, cervical root lesions, thoracic root lesions, ulnar nerve lesions, cervical disc degeneration, left shoulder arthroscopy x 2, left hand surgery x 4 and left elbow surgery. Cervical magnetic resonance imaging on 9/5/14 showed a Schmorl's node at cervical 4 and a small disc bulge and X-ray of the cervical spine revealed degenerative changes. Any diagnostic imaging report was not specified in the records provided. Treatment to date has included surgeries, epidural steroid injection, physical therapy, thoracic nerve blocks and medication management. In a progress note dated 3/23/2015, the injured worker complains of neck pain and bilateral arm pain with numbness and weakness at 7-9/10. Physical examination of the cervical spine revealed no tenderness on palpation, limited range of motion, numbness in C4-T1 distribution, normal strength and reflexes. The treating physician is requesting cervical spine myelogram. The patient sustained the injury when 50 lbs roller bag fell on her. The medication list include Lyrica, Flexeril, Celebrex, Zanaflex, Prilosec, Ultram and Ambien.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Myelogram body part C/S:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), neck and upper back procedure summary.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back (updated 05/12/15) Myelography.

**Decision rationale:** Request: Myelogram body part C/S Per the ACOEM chapter, 8 guidelines cited below "For most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out." Per the ACOEM chapter, 8 guidelines cited below recommend "MRI or CT to evaluate red-flag diagnoses as above, MRI or CT to validate diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure. If no improvement after 1 month bone scans if tumor or infection possible, not recommended: Imaging before 4 to 6 weeks in absence of red flags." Per the ODG guidelines, cervical myelography 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." ODG Criteria for Myelography and CT Myelography include "1. Demonstration of the site of a cerebrospinal fluid leak (postlumbar puncture headache, postspinal 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." Findings suggestive of tumor, infection, fracture, or other red flags were not specified in the records provided. Patient has received an unspecified number of PT visits for this injury. Detailed response to previous conservative therapy was not specified in the records provided. Prior PT visits notes were not specified in the records provided. The records submitted contain no accompanying current PT evaluation for this patient. A cervical spine MRI was done in 9/2014. Per the notes, it showed a small disc bulge. A diagnostic imaging report was not specified in the records provided. A rationale for repeating an imaging study was not specified in the records provided. Any electro diagnostic studies documenting objective evidence of neurological deficit were not specified in the records provided. A plan for an invasive procedure of the cervical spine was not specified in the records provided. The medical necessity of the request for Myelogram body part C/S is not fully established in this patient. Therefore, this request is not medically necessary.