

Case Number:	CM13-0002122		
Date Assigned:	12/11/2013	Date of Injury:	08/27/2003
Decision Date:	01/17/2014	UR Denial Date:	07/08/2013
Priority:	Standard	Application Received:	07/19/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice and is licensed to practice in Texas. 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 physician 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:

This patient is a 50-year-old female who reported an injury on 08/27/2003. Per the documentation submitted for review, the patient was evaluated on 06/04/2013. Notes indicated that the patient had undergone an MRI of the lumbar spine on 06/05/2013 due to complaints of continued pain and discomfort. Notes indicated the patient had pain described as aching and burning and stabbing in the low back and radiation of symptoms down the posterior aspect of the left leg. On physical exam, there was palpation tenderness to the lumbar paraspinal muscles with painful and limited range of motion with reflex, motor, and sensory testing in the lower extremities noted to be intact. Notes indicate that the patient underwent an injection of vitamin b12 complex. Recommendation was made to obtain a CT myelogram and get a more detailed assessment for abnormality. The MRI of the lumbar spine on 01/05/2013 demonstrated the patient had a magnetic susceptibility artifact at L4-5 with recommendation for CT of the lumbar spine post IV contrast to better assess the interspace.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT Myelogram: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

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 Chapter, Myelography.

Decision rationale: CA MTUS/ACOEM Guidelines do not properly address CT Myelogram of the lumbar spine. The Official Disability Guidelines states the myelography may be indicated for patients in selected cases such as when MR imaging cannot be performed, or in addition to MRI. Myelography and CT Myelography may be recommended if MRI is unavailable, or contraindicated due to metallic foreign body, or inconclusive imaging. Further criteria for myelography include demonstration of the site of a cerebrospinal fluid leak; surgical planning; radiation therapy planning; diagnostic evaluation of spinal or basal cisternal disease; poor correlation of physical findings with MRI studies and if use of MRI is precluded because of claustrophobia, technical issues, e.g., patient size, safety reasons, e.g., pacemaker or surgical hardware. The documentation submitted for review indicates that the patient has undergone MRI for complaints of new onset of lumbar spine burning pain with radiation of symptoms down the posterior aspect of the left leg. Notes indicate that the patient previously underwent MRI of the lumbar spine which indicated the patient to have magnetic susceptibility artifact at L4-5 with a recommendation for the patient to undergo CT lumbar spine post IV contrast as the patient has a significant history for prior L4-5 total disc replacement on 05/04/2006. Based on the documentation submitted for review and the inability to adequately assess the patient's lumbar spine for new onset symptoms due to magnetic artifact susceptibility at the L4-5 level, the request for CT myelogram is medically necessary and appropriate.