MAXIMUS Federal Services

Case Number:	CM13-0006480		
Date Assigned:	12/13/2013	Date of Injury:	04/13/2011
Decision Date:	02/12/2014	UR Denial Date:	07/12/2013
Priority:	Standard	Application Received:	08/02/2013

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 Physical Medicine Rehabilitation and has a subspecialty in Interventional Spine 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 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 is a 65-year-old male with date of injury from 04/13/2011. Request for lumbar CT myelogram was denied for utilization review, 07/15/2013. The reviewer indicated the patient had MRI of the lumbar spine that showed postoperative changes at L5-S1 and no mention of metal artifact. No indication was made for surgical planning. 07/03/2013 report by [redacted] is recommending CT lumbar myelogram as an additional diagnostic data. He reviewed the EMG/nerve conduction studies. 05/23 report by [redacted] notes that the patient feels his most significant problem is that of left leg tingling with most recent MRI, 10/17/2012, showing degenerative changes only. He recommended electrodiagnostic studies. 06/19/2013 report is an EMG study which was normal by [redacted]. 07/24/2013 report by [redacted] notes that prior request for CT myelogram was denied. Assessment is low back pain. Patient was to continue medication. The surgery follow-up was that the patient needs lumbar CT myelogram as per [redacted]. 05/08/2013 report by [redacted] shows lumbar strain. Patient is to continue the medications, and there are no descriptions of patient's pain location.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient lumbar myelogram and CT scan: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) for CT-myelography.

Decision rationale: The patient presents with chronic low back pain. Patient has had MRI of the lumbar spine from 10/17/2012 that showed neuroforaminal stenosis at L5-S1 with spondylolisthesis, L4-L5 neuroforaminal narrowing, L1-L2 far left lateral disk herniation displacing the lateral aspect of left exiting L1 nerve. The treating neurosurgeon has requested CT myelogram of the lumbar spine, but does not provide any rationale other than to indicate that this is for additional diagnostic data. The patient has had EMG/NCV studies recently that showed normal findings. None of the reports provided by [redacted] and [redacted] show location of the patient's pain other than the lumbar spine. There is a reference to the patient having tried epidural steroid injection in the past. It appears that the patient's epidural steroid injections were at the cervical spine. The current request addresses the lumbar myelogram and CT scan. ACOEM Guidelines page 309 recommends CT or MRI when cauda equina, tumor, infection or fractures is strongly suspected and plain film radiographs are negative, and myelography or CT myelography for preoperative planning of MRI is unavailable. ODG Guidelines have indications for imaging or CT scan. ODG Guidelines under CT criteria for myelography and CT myelography, states surgical planning especially in regard to the nerve roots or when there is poor correlation of physical findings with MRI studies or when MRI studies are precluded. In this case, the treating physicians do not provide any discussion regarding nerve root problems. There are no radicular symptoms or pain down to the extremities that are documented. There does not appear to be any poor correlation of physical findings with MRI studies. MRI showed lateral disk at L1-L2, and there are no radicular symptoms described. CT myelography does not appear to be indicated in this patient. Recommendation is for denial.