

Case Number:	CM13-0008400		
Date Assigned:	09/10/2013	Date of Injury:	01/20/2004
Decision Date:	07/22/2014	UR Denial Date:	07/08/2013
Priority:	Standard	Application Received:	08/06/2013

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 Orthopedic Surgeon, has a subspecialty in Sports 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:

The patient is a 48-year-old female who reported an injury on 11/26/2003 after falling down a flight of stairs while carrying heavy packages and sustaining an L5 fracture. The patient underwent L5-S1 fusion and subsequent revision after the patient developed foot drop. After persistent symptoms, the patient was diagnosed with an L3-4 disc herniation and underwent disc replacement and fusion. The patient underwent an electrodiagnostic study in 01/2013 that revealed there was evidence of L5 radiculopathy. The patient had a markedly antalgic gait with ambulation assistance of a cane. The patient also had diminished sensation in the L4, L5 and S1 dermatomes on the left side with decreased motor strength of the left lower extremities. The patient's diagnoses included status post artificial disc replacement at the L3-4 and lumbar fusion at the L4-5 and L5-S1, lumbar radiculopathy, chronic pain, and severe weakness of the left lower extremity. The patient's treatment plan included a CT myelogram of the thoracic and lumbar spine, an MRI of the thoracic and lumbar spine, and ongoing medication management.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPUTED TOMOGRAPHY (CT) MYELOGRAM LUMBAR WITHOUT CONTRAST: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Myelography.

Decision rationale: The requested CT myelogram of the lumbar spine is not medically necessary or appropriate. Clinical documentation submitted for review does indicate that the patient has significant radicular symptoms. The American College of Occupational and Environmental Medicine does recommend imaging studies for progressive neurological deficits. However, Official Disability Guidelines do not recommend the use of CT myelography unless there is poor correlation of physical findings with MRI studies or the use of an MRI is precluded. The clinical documentation submitted for review does not provide any evidence that an MRI study would not be sufficient for this patient. There is no indication of a cerebrospinal fluid leak, surgical planning, radiation therapy, or any conditions that would preclude the use of an MRI. As such, the requested CT myelogram for the lumbar spine is not medically necessary or appropriate.