

Case Number:	CM13-0017066		
Date Assigned:	07/23/2014	Date of Injury:	03/29/1984
Decision Date:	11/14/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	08/27/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 58-year old with an injury date on 3/29/84. Patient complains of worsening low lumbar pain due to discontinuation of medications per 8/12/13 report. Patient states pain is exacerbated by walking/standing and alleviated 10% by sitting, and is able to walk 5-10 minutes per 8/12/13 report. Based on the 8/12/13 progress report provided by [REDACTED] the diagnoses are: 1. lumbago 2. Degenerative disc disease, lumbar Exam on 8/12/13 showed "Negative straight leg raise." Tenderness to palpation diffusely to right of midline of lumbar per 5/4/13 report. No range of motion testing was found in review of reports. [REDACTED] is requesting CT myelogram of lumbar spine. The utilization review determination being challenged is dated 8/20/13 and denies request as patient does not have any specific new objective red flag finding or neurological changes that would support need for additional imaging. [REDACTED] is the requesting provider, and he provided treatment reports from 6/10/13 to 8/12/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT MYELOGRAM OF THE LUMBAR SPINE: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, for Myelography

Decision rationale: This patient presents with lower back pain and is s/p lumbar fusion and lumbar laminectomy, dates unspecified. The treater has asked for CT myelogram of lumbar spine on 8/12/13 for possible extension of lumbar fusion. ACOEM recommends CT Myelography for preoperative planning if MRI is unavailable. ODG low back states Myelography is not recommended except for specified complications, when MR imaging cannot be performed, or in addition to MRI. In this case, patient has failed back syndrome, with mismatch of lumbar lordosis and pelvic incidence per 8/12/13. In this case, the patient has surgical hardware implanted from prior lumbar fusion/laminectomy and a CT myelogram would be indicated for surgical planning. CT Myelogram of The Lumbar Spine is medically necessary.