

Case Number:	CM13-0018429		
Date Assigned:	12/11/2013	Date of Injury:	10/31/2011
Decision Date:	04/04/2014	UR Denial Date:	08/15/2013
Priority:	Standard	Application Received:	08/29/2013

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 Orthopedic Surgery and is licensed to practice in Arizona. 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:

The patient is a 47-year-old male who sustained an industrial injury to his back on 10/31/11 when he removed a large deer that was laid deceased on the road. He sustained a secondary injury from a fall at work on 12/27/12. The patient complains of low back pain with radiation into the right leg, with numbness and tingling in both legs. He has a positive straight leg raise on the right with a sensory loss over the L5 dermatome. EMGs done in November of 2012 revealed an acute right L5 radiculopathy. The patient had a previous MRI scan which the treating physician believed to be of poor quality and recommended a CT myelogram. His working diagnosis is L4-L5 foraminal stenosis with right L5 radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT myelogram of lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back regarding Myelogram and ODG Criteria for Myelography and CT Myelography.

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 - Lumbar & Thoracic, Myelography.

Decision rationale: The California MTUS guideline does not address CT myelograms, however, the ODG does. A CT myelogram is indicated if the MRI imaging cannot be performed or is unavailable, if it is contraindicated or inconclusive. CT myelography has largely been superseded by high-resolution CT and MRI imaging. CT myelogram is used to demonstrate the site of cerebral spinal fluid leaks. It is used when planning surgery; especially with regards to nerve roots, when planning radiation therapy, in diagnostic evaluation of spinal cisternal disease, and infections involving the bony spine. Also, if there is poor correlation of physical findings with MRI studies or because of claustrophobia, technical issues, safety reasons, or surgical hardware. Since these factors are not present and there is no contemplation of surgical treatment or radiation therapy, a CT myelogram is not medically necessary. In addition, there is no documentation as to why the study was "poor quality" nor were there notes from the radiologist describing the study as poor quality.