

<b>Case Number:</b>	CM13-0022032		
<b>Date Assigned:</b>	06/09/2014	<b>Date of Injury:</b>	07/07/1998
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	09/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2013

### 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 Pain 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 injured worker is a 67-year-old male who reported an injury of unknown mechanism on 07/07/1998. On 05/06/2013, his diagnoses included post lumbar laminectomy syndrome, spinal/lumbar degenerative disc disease, and lumbar spondylosis. His lumbar range of motion, which were restricted by pain, were flexion 45 degrees, extension 0 degrees, right and left lateral bending 5 degrees. His complaints included low back pain radiating down both legs and bilateral hip pain. His pain level was increasing despite taking his medications appropriately. His sleep was disturbed by pain. The treatment plan included a request for a CT myelogram of the lumbar spine. The rationale was to evaluate for increasing pain, neurological weakness, and sensory changes in both lower extremities. On 05/08/2014, the treatment plan noted that this worker had been hospitalized with acute renal failure and delirium from 04/08/2014 to 04/13/2014. The request for the CT myelogram of the lumbar spine was withdrawn due to the acute renal failure and this injured worker not being able to tolerate the contrast dye needed for the imaging. He was being followed by both a nephrologist and an urologist. A Request for Authorization dated 11/27/2013 was included in this worker's chart.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CT MYELOGRAM LUMBER SPINE:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 303-305.

**Decision rationale:** ACOEM Guidelines state unequivocal objective findings that identify specific nerve compromise on neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. Electromyography may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. Computed tomography (CT) helps to diagnose different spinal conditions, including disc herniation, spinal stenosis, tumor, and vertebral fracture. It is particularly good at imaging bony structures. When a CT scan and myelography are combined, images are produced that clearly show both the bony structures of the spine and the nerve structures, thus aiding in the diagnosis of spinal problems. Of the various imaging studies, CT myelogram has the highest risk of complications, including infection and radiation. There was no submitted documentation that this worker was considering surgery as an option. The clinical information submitted failed to meet the evidence based guidelines for CT myelography. Additionally, due to this worker's development of acute renal failure and being unable to tolerate the contrast dye, the request was withdrawn by the treating physician. Therefore, the request is not medically necessary.