

<b>Case Number:</b>	CM13-0027183		
<b>Date Assigned:</b>	11/22/2013	<b>Date of Injury:</b>	09/19/2005
<b>Decision Date:</b>	02/04/2014	<b>UR Denial Date:</b>	09/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/20/2013

### 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 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:

The patient was a 50 year old male with complaints of low back pain. The patient was seen on 09/09/2013 noting no major changes to his condition. The patient was being considered for nerve stimulators. The patient had a CT of the lumbar spine on 11/10/2011 and an MRI on 07/06/2011 documented.

### 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:** Upheld

**Claims Administrator 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), Treatment Index, 11th Edition, Low Back Section, Myelography.

**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), Treatment Index, 11th Edition, Low Back Section, Myelography.

**Decision rationale:** CA MTUS/ACOEM states if physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures). The request for CT myelogram of the lumbar

spine is non-certified. The patient had a CT of the lumbar spine and MRI previously. There is no documentation submitted for review noting patient procedures for which the CT myelogram is recommended. The guidelines recommend myelography when use of MRI is precluded because of, claustrophobia, technical issues, e.g., patient size and/or surgical hardware. However the patient had a previous MRI without documented complication submitted for review. Official Disability Guidelines recommend myelography in patients for surgical planning. The patient has no documentation of surgical planning submitted for review. Given the information submitted for review the request for CT myelogram of the lumbar spine is non-certified.