

Case Number:	CM13-0038454		
Date Assigned:	12/18/2013	Date of Injury:	12/18/2008
Decision Date:	06/24/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	10/25/2013

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 Occupational 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 63 year-old female who has reported the gradual onset of low back and upper extremity pain attributed to usual work activity, with a date of injury listed as 12/18/08. She has been diagnosed with disc disease and spondylolisthesis, lumbar sprain/strain, shoulder strain, and epicondylitis. The treatment has included a lumbar fusion in 2011. She has subsequently been treated with physical therapy and medications. Per the Urology evaluation of 7/9/13, the injured worker had reported urinary hesitancy since her surgery and stool incontinence since 2006. Stool incontinence did not change after the lumbar surgery. The urologist did not find significant bladder pathology. The urologist recommended a course of specific physical therapy exercises, and possible further evaluation if that were to fail. The further evaluation would be for possible neurogenic anal sphincter deficits. On October 11, 2013, a CT myelogram was prescribed. The PR2 is handwritten and only partially legible. The injured worker is stated to have "increased bowel problems, has defecation following intercourse". Physical findings appear to refer to the sacroiliac joint and the lumbar spine range of motion, without any neurological deficits listed. The treatment plan includes a CT myelogram to evaluate the sacral nerves, cauda equina syndrome and bowel control. There is also a mention of the urology evaluation and the recommendations for a period of conservative care. On 10/17/13 Utilization Review non-certified a CT myelogram, noting the lack of sufficient clinical indications or red flag conditions.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT MYELOGRAM LUMBAR SPINE: Upheld

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

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 Lumbar-Thoracic Myelography-CT.

Decision rationale: The treating physician has not adequately implemented the recommendations of the urology evaluation in July 2013. The urologist noted the chronic symptoms that predate the industrial injury and surgery, and the lack of evidence for acute or significant pathology at the time of his evaluation. The treating physician has not described acute and progressive neurological deficits, and has not adequately presented evidence for a cauda equina syndrome. The California MTUS recommends imaging for red flag conditions and progressive neurological deficits, which are not described in this case. The bowel incontinence has been present since 2006, occurs under very limited circumstances, and the urologist did not recommend a CT myelogram. He did recommend specific physical therapy exercises which the treating physician has not implemented. The urologist recommended further evaluation by a specific specialist after failure of the exercises. The treating physician did not address this when ordering the CT myelogram. The Official Disability Guidelines recommends myelography for several purposes. The only indication that might apply to this injured worker is that of "surgical planning". However, the treating physician has not adequately described the clinical findings indicating a likely need for surgery, and the treating physician has not adequately implemented the findings of the urologist. The CT myelogram is not medically necessary due to the lack of sufficient clinical indications.