

Case Number:	CM13-0040750		
Date Assigned:	12/20/2013	Date of Injury:	10/07/1998
Decision Date:	03/12/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	10/29/2013

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 Family Medicine 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:

Patient is a 64-year-old with date of injury on 10/07/1998. Patient has been treated for ongoing back pain and had lumbar fusion at L4-5 in 2009. Diagnoses include lumbar disc displacement, and postsurgical status. Subjective complaints include increasing low back pain with numbness and tingling into the bilateral lower extremities that is greater on the right. Physical exam shows decreased lumbar range of motion, numbness in middle toes bilateral and right leg weakness. Patient has been treated with medications including hydrocodone and lidoderm. Medical records reviewed do not document any previous or ongoing conservative treatment measures.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar CT Myelogram: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, CT Myelography.

Decision rationale: ACOEM Guidelines suggest CT myelography for preoperative planning if MRI is unavailable or contraindicated. Official Disability Guidelines recommends CT

myelogram for surgical planning, radiation therapy planning, cerebrospinal fluid leaks, evaluation of spinal or cistern disease or infection, and if use of MRI is contraindicated. The submitted documentation does not identify any of the guideline approved indications for a CT myelogram. Documentation also does not contain updated history and physical exam findings. Therefore, the medical necessity of a CT myelogram is not necessary.