

<b>Case Number:</b>	CM13-0043541		
<b>Date Assigned:</b>	01/31/2014	<b>Date of Injury:</b>	05/19/2008
<b>Decision Date:</b>	04/23/2014	<b>UR Denial Date:</b>	10/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/24/2013

### 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, has a subspecialty in Internal 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:

According to the records made available for review, this is a 33-year-old female with a May 19, 2008 date of injury. At the time of the Decision (October 1, 2013) for lumbar spine myelogram, there is documentation of subjective (discogenic back pain) and objective (straight leg raise positive on the right for pain in an L4-5 and L5-S1 distribution) findings, current diagnoses (lumbar disk disorder and lumbar discogenic pain at L4-5 and L5-S1), and treatment to date (medication and ESI [epidural steroid injection]). There is no documentation of preoperative planning and MRI is unavailable, contraindicated, or inconclusive.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LUMBAR SPINE MYLOGRAM:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**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 Chapter, Myelography Section.

**Decision rationale:** The Low Back Complaints Chapter of the ACOEM Practice Guidelines identifies documentation of preoperative planning and MRI is not available, as criteria necessary

to support the medical necessity of myelography. The ODG identifies that myelography is recommended when MRI is unavailable, contraindicated, or inconclusive. Within the medical information available for review, there is documentation of diagnoses of lumbar disk disorder and lumbar discogenic pain at L4-5 and L5-S1. However, there is no documentation of preoperative planning and MRI is unavailable, contraindicated, or inconclusive. Therefore, the request for lumbar spine myelogram is not medically necessary or appropriate.