

Case Number:	CM13-0046557		
Date Assigned:	12/27/2013	Date of Injury:	09/25/2009
Decision Date:	04/14/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/31/2013

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 Internal Medicine, and is licensed to practice in New York. 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 claimant is a 40 year old male who sustained a work related injury on 9/25/09. His diagnosis is chronic low back pain with associated numbness and weakness. His back condition deteriorated with evidence of reduction in the left anal reflex, decreased sphincter tone, and reduced lower abdominal reflexes. He was evaluated in the emergency room on 2/17/13 due to cauda equina like symptoms. He was admitted and evaluated for causes of lumbar myelopathy. The treating provider requested a serum study, antiphospholipid antibody as part of the evaluation for myelopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE SERUM STUDY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Myelopathy describes any neurologic deficit related to the spinal cord. Myelopathy is usually due to compression of the spinal cord by osteophyte or extruded disk material in the cervical spine. Osteophytic spurring and disk herniation may also produce myelopathy

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Lumbar spine Myelopathy: Medscape Internal Medicine 2012.

Decision rationale: Myelopathy describes any neurologic deficit related to the spinal cord. Myelopathy is usually due to compression of the spinal cord by osteophyte or extruded disk material in the cervical spine. Osteophytic spurring and disk herniation may also produce myelopathy localized to the thoracic spine, though less commonly. Other common sources of myelopathy are cord compression due to extradural mass caused by carcinoma metastatic to bone, and blunt or penetrating trauma. Many primary neoplastic, infectious, inflammatory, neurodegenerative, vascular, nutritional, and idiopathic disorders result in myelopathy, though these are very much less common than discogenic disease, metastases, and trauma. A variety of cysts and benign neoplasms may also compress the cord; these tend to arise intradurally. The most common of these are meningiomas, nerve sheath tumors, epidermoid cysts, and arachnoid cysts. Disorders of the spinal cord itself generally are uncommon and difficult to treat effectively. Therefore, radiologic evaluation of myelopathy is primarily focused on extrinsic compression of the spinal cord. MRI is the mainstay in evaluation of myelopathy. There is no indication for any specific serum study to determine a cause for the claimant's diagnosis of lumbar myelopathy. Medical necessity for the requested item has not been established. The requested study is not medically necessary.