

Case Number:	CM13-0048901		
Date Assigned:	03/31/2014	Date of Injury:	04/20/2012
Decision Date:	04/28/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	11/07/2013

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 Preventive 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 53-year-old female with a 4/20/12 date of injury. At the time (9/16/13) of request for authorization for CT Myelogram of the Lumbar Spine, there is documentation of subjective (low back pain and right leg pain and feeling of give way in her right leg) and objective (tenderness to palpation in the lumbar spine, weakness in flexion, extension, and bilateral lateral bend in the lumbar spine) findings, current diagnoses (lumbar myalgia, lumbar myospsams, right-sided lumbar radiculitis, and lumbar sprain/strain), and treatment to date (leg stretching and medications). There is no documentation of preoperative planning and MRI not available.

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, 309.

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).

Decision rationale: MTUS reference to ACOEM identifies documentation of preoperative planning and MRI not available, as criteria necessary to support the medical necessity of myelography. ODG identifies that myelography is recommended when MRI is unavailable, contraindicated (e.g. metallic foreign body), or inconclusive. Within the medical information available for review, there is documentation of diagnoses of lumbar myalgia, lumbar myospsams, right-sided lumbar radiculitis, and lumbar sprain/strain. However, there is no documentation of preoperative planning and MRI not available. Therefore, based on guidelines and a review of the evidence, the request for CT Myelogram of the Lumbar Spine is not medically necessary.