

Case Number:	CM13-0051424		
Date Assigned:	12/27/2013	Date of Injury:	03/29/2011
Decision Date:	03/18/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	11/14/2013

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 Orthopedic Surgery, 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 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:

The claimant is a 43-year-old injured in a work-related accident 03/29/11. A recent clinical report of 10/30/13 with [REDACTED] indicated the claimant was with a current working diagnosis of mechanical back pain with discogenic component with right sacroiliac joint dysfunction. It stated at that date that the claimant's physical examination findings showed equal and symmetrical deep tendon reflexes with tenderness noted over the right sacroiliac joint, no motor or sensory deficit. Current complaints are that of low back pain. The claimant denied numbness or tingling. There was some radiating pain to the left leg. [REDACTED] indicated the claimant was status post a prior MRI scan to the lumbar spine, for which formal documentation of findings was not provided. He stated the claimant needed a CT myelogram for further assessment in regard to the potential need for operative intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar myelogram with post myelogram CT scan: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low Back Chapter, Myelography.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation the Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: low back procedure - Myelography.

Decision rationale: Based on Official Disability Guideline criteria, as California MTUS guidelines are silent, a myelogram with post myelography CT scan is not recommended. A myelogram is only indicated in selective occasions where MRI imaging is unable to be performed or contraindicated. The records in this case clearly indicate the claimant is capable of having MR imaging performed, as previous scans have been addressed. The claimant's physical examination findings also fail to demonstrate a radicular process that would indicate the need for operative intervention. The need of further imaging assessment including a myelogram would thus not be supported or clinically indicated based on clinical records for review.