

Case Number:	CM13-0060477		
Date Assigned:	12/30/2013	Date of Injury:	05/28/2013
Decision Date:	04/01/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/03/2013

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 Spinal Surgery and is licensed to practice in Texas. 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 patient is a 61-year-old female who reported an injury on 05/28/2013. The mechanism of injury was not specifically stated. The patient is currently diagnosed with lumbar herniated nucleus pulposus. The patient was seen by [REDACTED] on 11/07/2013. Physical examination revealed limited range of motion and positive straight leg raising. Reflexes were also diminished and symmetrical. Treatment recommendations included a myelogram and CT scan. The patient had previously undergone an MRI of the lumbar spine on 08/31/2013, which indicated disc desiccation at L1-4 as well as L4-5 annular fissure and disc protrusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Myelography of the lumbosacral spine with supervision and interpretation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation ODG, Low Back Chapter, Myelography

Decision rationale: California MTUS/ACOEM Practice Guidelines state if physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause. Official Disability Guidelines state myelography is not recommended except for selected indications. As per the documentation submitted, the patient's previous MRI on 08/31/2013 indicated a 2 mm disc protrusion with encroachment into the right sub articular gutter. There is no documentation of a progression of symptoms and/or physical examination findings that would indicate the need for an additional diagnostic study. Additionally, there is no indication of an exhaustion of conservative treatment. Based on the clinical information received, the request is non-certified.