

Case Number:	CM13-0061814		
Date Assigned:	12/30/2013	Date of Injury:	10/24/2002
Decision Date:	04/11/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	12/05/2013

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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 patient is a 47-year-old female who reported an injury on 10/24/2002. The mechanism of injury is not specifically stated. The patient is currently diagnosed as status post C5-6 ACDF, status post L4-S1 lumbar fusion, thoracic pain, and chronic low back pain. The patient was seen by [REDACTED] on 09/11/2013. The patient reported progression of lower back and leg pain. Physical examination revealed an antalgic gait, 5/5 motor strength in bilateral lower extremities, decreased sensation of the right lower extremity, limited lumbar range of motion, tenderness to palpation, and negative straight leg raising. Treatment recommendations included authorization for a CT myelogram of the lumbar spine, as well as an MRI of the thoracic spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPUTERIZED TOMOGRAPHY (CT) MYELOGRAM OF LUMBAR SPINE: 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

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

Decision rationale: Official Disability Guidelines do not recommend myelography, except for selected indications. The patient does not appear to meet criteria as outlined by Official Disability Guidelines for a CT myelogram. There was no evidence of a cerebral spinal fluid leak, surgical planning, radiation therapy planning, or diagnostic evaluation of spinal or basal cisternal disease. There is also no indication of poor correlation of physical findings with MRI study. Without evidence that the CT myelogram will be used in surgical planning or whether an MRI is contraindicated, the current request cannot be determined as medically appropriate. Therefore, the request is non-certified.

MAGNETIC RESONANCE IMAGING (MRI) OF THE THORACIC SPINE: 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

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

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, including MRI for neural or other soft tissue abnormality. As per the documentation submitted, there is no evidence of tissue insult or nerve impairment with regard to the thoracic spine. There is no change in the patient's physical examination that would indicate a progression of symptoms. Based on the clinical information received, the request is non-certified.