

Case Number:	CM13-0062309		
Date Assigned:	12/30/2013	Date of Injury:	09/14/2010
Decision Date:	03/27/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/06/2013

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 Physical Medicine & Rehabilitation 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:

This 54 year-old male sustained an injury after lifting a 5 gallon bottle feeling pain in his right leg on 9/14/10. Request under consideration include CT myelogram lumbar w/ dye. The patient is s/p one-level Lumbar fusion of L5-S1 on 10/3/11. Conservative care has included various pain procedural injections, spinal cord stimulator trial, psyche evaluation and treatment. Previous diagnostics has included lumbar CT scan in March 2012 and lumbar spine MRI in January of 2012. The patient is P&S regarding work status. Report of 11/5/13 from provider noted patient's problem is stable for his persistent chronic moderate low back pain that radiates to the entire right lower extremity and left thigh with burning and numbness rated at 7/10 without meds and 5/10 with medications. The patient has noted he feels better these days and does not wish to pursue the spinal cord stimulator placement or continue with psych treatments as he is a lot more optimistic. Exam indicated antalgic gait, paraspinal lumbar tenderness to palpation, adequate limited range of motion, sensory loss on right L5, no weakness reported with symmetrically reduces DTRs. The provider noted as there is nothing else to offer, the patient should see another surgeon. The request for CT myelogram was non-certified on 11/18/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

A CT myelogram of the lumbar spine with dye: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, CT & CT Myelography

Decision rationale: Guidelines state that criteria for CT myelogram include preoperative planning if MRI is unavailable or in patient with previous surgery. Although the patient is status post lumbar fusion, submitted reports documented the patient has noted he feels better and does not wish to pursue the spinal cord stimulator placement or continue with psych treatments. Additionally, there were no reports of acute red-flag indicators or acute clinical changes to repeat the diagnostic study in a noted stable patient. Criteria for the imaging study have not been met. The CT myelogram lumbar w/ dye is not medically necessary and appropriate.