

Case Number:	CM13-0065875		
Date Assigned:	01/03/2014	Date of Injury:	09/27/1996
Decision Date:	05/19/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	12/13/2013

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 and Rehabilitation and Pain Medicine 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 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 injured worker is a 58-year-old male who reported an injury on 09/27/1996, secondary to a motor vehicle accident. Current diagnoses include degeneration of the cervical disc and degeneration of the lumbar disc. The injured worker was evaluated on 11/01/2013. The injured worker reported persistent lower back pain with radiation to bilateral lower extremities. Physical examination revealed limited lumbar range of motion, intact sensation, positive straight leg raising, spasm and guarding and 5/5 motor strength in bilateral lower extremities. The current medications include Baclofen 10 mg. The treatment recommendations at that time included a lumbar epidural steroid injection at L3-4 and L4-5, lumbar myelography, lumbar epidurogram, and fluoroscopic guidance

IMR ISSUES, DECISIONS AND RATIONALES

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

BACLOFEN 10MG #45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Page(s): 63.-66.

Decision rationale: California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short term treatment of acute exacerbations. Efficacy appears to diminish over time, and prolonged use may lead to dependence. As per the documentation submitted, there is no evidence of objective improvement as a result of the ongoing use of this medication. Guidelines do not recommend long term use of this medication. There is also no frequency listed in the current request. Therefore, the request is not medically necessary.

LUMBAR MYELOGRAPHY: 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- Lumbar & Thoracic (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (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 Final Determination Letter for IMR Case Number CM13-0065875 4 indicated for surgical planning, radiation therapy planning, or diagnostic evaluation of a spinal or basal cisternal disease. The injured worker does not meet the above mentioned criteria for the requested study. There were no previous imaging studies or radiographic films submitted for review prior to the request for a CT myelogram. The medical necessity has not been established. Therefore, the request is not medically necessary.

LUMBAR EPIDUROGRAM: 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): 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. The medical necessity for the requested procedure has not been established. There were no plain films or imaging studies provided for review prior to the request for an epidurogram. Based on the clinical information received, the request is not medically necessary.