

Case Number:	CM13-0070075		
Date Assigned:	01/03/2014	Date of Injury:	09/22/2012
Decision Date:	12/26/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/20/2013

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 General Preventive Medicine and is licensed to practice in Indiana. 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:

This employee is a 51 year old male with date of injury of 9/22/2012. A review of the medical records indicate that the patient is undergoing treatment for lumbosacral neuritis. Subjective complaints include continued low back pain radiating to the bilateral lower extremities. Objective findings include limited range of motion of the lumbar spine with tenderness to palpation of the paravertebrals and positive straight leg raise bilaterally; EMG showing L5-S1 radiculopathy; MRI finding unclear. Treatment has included tramadol and naproxen. The utilization review dated 12/5/2013 non-certified CT myelogram of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

. CT Myelogram, Lumbar: Overturned

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

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, Myelography.

Decision rationale: MTUS is silent regarding CT myelograms, but ODG states the following: "Not recommended except for selected indications below, when MR imaging cannot be

performed, or in addition to MRI. Myelography and CT Myelography OK if MRI unavailable, contraindicated (e.g. metallic foreign body), or inconclusive. Invasive evaluation by means of myelography and computed tomography myelography may be supplemental when visualization of neural structures is required for surgical planning or other specific problem solving.

(Seidenwurm, 2000) Myelography and CT Myelography have largely been superseded by the development of high resolution CT and magnetic resonance imaging (MRI), but there remain the selected indications below for these procedures, when MR imaging cannot be performed, or in addition to MRI. (Mukherji, 2009). In this case, the employee is have radiculopathy but the previous MRI was inconclusive. Therefore, the patient meets the criteria above. The request for a CT Myelogram of the Lumbar Spine is medically necessary.