

Case Number:	CM13-0071344		
Date Assigned:	01/17/2014	Date of Injury:	09/23/2008
Decision Date:	06/06/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/27/2013

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 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 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 an employee of [REDACTED] and has submitted a claim for lumbar spinal stenosis with neurogenic claudication associated with an industrial injury date of September 23, 2008. The treatment to date has included oral analgesics, muscle relaxants, lumbar spine surgery, lumbar epidural steroid injection, physical therapy, home exercises, and acupuncture. The medical records from 2012 to 2013 were reviewed and showed back pain graded 7-8/10 and bilateral lower extremity pain, right worse than left. The patient reports progression of pain. The physical examination showed midline tenderness to palpation of the lumbar spine with some pain on back extension at 20 degrees and decreased ankle jerk reflex of the bilateral lower extremities. The patient was diagnosed with spinal stenosis with neurogenic claudication, post-laminectomy syndrome and adjacent segment spondylolisthesis. According to a progress report dated October 6, 2013, an x-ray of the lumbar spine was obtained; however, the date was not mentioned. It showed an L4-L5 5mm spondylolisthesis and loss of lumbosacral lordosis. An MRI of the lumbar spine was obtained on June 2012 and revealed solid L5-S1 arthrodesis; an adjacent segment L4-L5 degenerative disc disease and low grade spondylolisthesis; moderate bilateral L5-S1 foraminal stenosis; mild to moderate L4-L5 lateral recess stenosis. A lumbar computed tomography (CT) myelogram was requested to assess prior fusion, instrumentation and occult neural compression. The utilization review dated December 9, 2013 denied the request for lumbar CT myelogram, because the patient did not meet the guideline criteria for CT myelogram based on the medical records submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPUTED TOMOGRAPHY (CT) MYELOGRAM OF THE LUMBAR: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), LOW BACK (UPDATED 12/04/2013), MYELOGRAPHY.

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 SECTION.

Decision rationale: The Official Disability Guidelines indicate that computed tomography (CT) Myelography is recommended when an MRI imaging cannot be performed, or in addition to an MRI. Invasive evaluation by means of computed tomography myelography may be supplemental when visualization of neural structures is required for surgical planning. Myelography and CT Myelography have largely been superseded by the development of high resolution CT and magnetic resonance imaging (MRI). In this case, the patient has been complaining of chronic low back pain radiating to the lower extremities for which a lumbar CT myelogram was requested to assess prior fusion, instrumentation and occult neural compression. However, there was no evidence that an MRI of the lumbar spine cannot be performed. Moreover, the prior lumbar x-ray and MRI findings are consistent with the patient's radicular symptoms and physical examination findings. The guideline criteria have not been met. Therefore, the request for computed tomography (CT) Myelogram of the lumbar is not medically necessary.