

Case Number:	CM13-0071428		
Date Assigned:	05/14/2014	Date of Injury:	12/13/2001
Decision Date:	07/10/2014	UR Denial Date:	12/19/2013
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 Occupational Medicine, 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 a 47-year-old male who has submitted a claim for status post lumbar spine fusion with residuals and status post spinal cord implant associated with an industrial injury date of December 13, 2001. Medical records from 2013-2014 were reviewed, which showed that the patient complained of constant low back pain and bilateral lower extremity radicular pain with numbness, tingling, and weakness. On physical examination, the patient exhibited difficulty with rising from sitting. Gait was antalgic and there was tenderness and spasm of the lumbar area. There was weakness of the right hip flexors. Sitting nerve root tests were positive bilaterally. Lumbar range of motion was restricted. CT of the lumbar spine dated August 6, 2013 revealed that the patient was status post interbody fusion of L5-S1 with posterior fixation and bilateral pedicle screws, retrolisthesis of L4 on L5, anterolisthesis of L5 on S1, and multi-level central canal stenosis and neural foraminal stenosis. Treatment to date has included medications, L5-S1 fusion, spinal cord implant, postoperative physical therapy, and a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

CY MYELOGRAM OF THE LUMBAR SPINE, THIN CUTS WITH METAL SUPPRESSION TECHNIQUE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303,309.

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: The California MTUS does not specifically address myelography so the Official Disability Guidelines (ODG) were used instead. The ODG states that myelography is not recommended except for selected indications including: (1) demonstration of the site of a cerebrospinal fluid leak; (2) surgical planning; (3) radiation therapy planning; (4) diagnostic evaluation of spinal or basal cisternal disease; (4) poor correlation of physical findings with MRI; and (5) where use of MRI is precluded. In this case, the requesting physician noted that the previous CT scan was not diagnostic due to postoperative scars obscuring the structures. Hence, a CT myelogram, thin cuts with metal suppression technique was requested to identify any possible scar tissue impinging upon the nerve roots. However, there was no discussion regarding surgical or radiation therapy planning. There was also no discussion regarding a possible CSF leak or spinal/basal cisternal disease, which may warrant a CT myelography. The criteria were not met. As such, the request is not medically necessary.