

Case Number:	CM13-0072520		
Date Assigned:	01/17/2014	Date of Injury:	09/11/2012
Decision Date:	06/06/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	12/31/2013

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 an employee of [REDACTED] and has submitted a claim for low back pain associated with an industrial injury date of September 11, 2012. Treatment to date has included medications, physical therapy, home exercises, and lumbar epidural injections. The medical records from 2013 were reviewed, which showed that the patient complained of low back pain, 6-7/10, radiating to the legs and associated with numbness and tingling in the lower extremities. On physical examination of the lumbar spine, guarding and muscle spasm was present with painful range of motion and tenderness over the bilateral paraspinal musculature. There was also decreased sensation of the bilateral L5 dermatome. An EMG/NCV dated 11/19/12 showed chronic L5 nerve root irritation bilaterally while an MRI of the lumbar spine dated 11/8/12 revealed severe stenosis bilateral L5-S1 and chronic nerve root irritation bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR MYELOGRAM: Upheld

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

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 California MTUS does not specifically address myelography; however, the Official Disability Guidelines (ODG) state that the criteria for CT myelography includes demonstration of the site of a cerebrospinal fluid (CSF) leak; surgical planning; radiotherapy planning; diagnostic evaluation of spinal or basal cisternal disease; poor correlation of physical findings with MRI studies; and use of MRI is precluded. In this case, an MRI of the lumbar spine dated 11/8/12 revealed severe stenosis bilateral L5-S1 and chronic nerve root irritation bilaterally, which is consistent with the patient's radicular complaints. Furthermore, there was no mention of a possible CSF leak or spinal or basal cisternal disease. The records also did not indicate plans for possible surgery or radiotherapy. The criteria were not met; therefore, the request for lumbar myelogram is not medically necessary.

LUMBAR CONTRAST 3D CAT SCAN: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: According to pages 303-304 of the ACOEM Practice Guidelines, unequivocal objective findings that identify specific nerve compromise on the neurologic exam are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery as an option. In this case, an MRI of the lumbar spine dated 11/8/12 revealed severe stenosis bilateral L5-S1 and chronic nerve root irritation bilaterally, which is consistent with the patient's radicular complaints. Furthermore, there was no discussion regarding failure of present management or future surgical plans. Moreover, guidelines state that indiscriminant imaging will result in false positive findings. There is no clear indication for a lumbar CAT scan; therefore, the request for lumbar contrast 3d cat scan is not medically necessary.

AP/LAT L SPINE X RAYS: 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).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: According to pages 303-305 of the ACOEM Practice Guidelines, lumbar spine x-rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks. In this case, an MRI of the lumbar spine dated 11/8/12 revealed severe stenosis bilateral L5-S1 and chronic nerve root irritation bilaterally, which is consistent with the patient's radicular complaints. There was no discussion regarding the indication for further imaging studies despite positive MRI findings. There was also no mention of red flags indicating serious spinal

pathology. There is no clear indication for lumbar x-rays; therefore, the request for ap/lat l spine x rays is not medically necessary.