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| Case Number: | CM14-0005899 | | |
| Date Assigned: | 02/05/2014 | Date of Injury: | 02/14/2011 |
| Decision Date: | 07/14/2014 | UR Denial Date: | 01/02/2014 |
| Priority: | Standard | Application Received: | 01/15/2014 |

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:

This is a 55-year-old male with a 2/14/11 date of injury after fracturing his coccyx and had an L2-3 compression fracture. He is status post back surgery on 4/10/12 with an L4/5 fusion. A progress note dated 10/31/13 (handwritten and partially illegible) stated the patient had increasing pain in the left buttock and left lower extremity in the left S2 distribution, as well as difficulty sleeping. The report states the MRI did not image the sacrum. A 12/26/13 progress report (handwritten and partially illegible) states that the patient's pain medication was helpful but he had constipation from his opiates. A 10/25/13 lumbar spine MRI documented a recent posterior decompression at L2/3 with left laminectomy defect. Enhancement in the left epidural space surrounding the left L3 nerve root; moderate canal stenosis at L1-2 and L3-4, mild to moderate foraminal narrowing. A 2/4/13 EMG/NCV documented left L5 and Left S1 chronic radiculopathy. A UR decision dated 1/2/14 denied the request given the patients symptoms are primarily at the S1 and S2 dermatomes and there are no focal neurological deficits on exam at those levels. In addition the patient recently had an MRI on 10/24/13 and there is no review of a S2 level on the MRI report.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR CT MYELOGRAM: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Low Back Chapter) CT myelogram.

Decision rationale: The ODG criteria for CT myelography includes an MRI that is unavailable, contraindicated, or inconclusive, or CT-myelogram used as a supplement when visualization of neural structures is required for surgical planning or other specific problem solving. The progress notes requesting this procedure are partially illegible and there is no rationale for the procedure. Apparently the patient has increasing pain in the left S2 distribution but it is unclear how a CT myelogram will be useful in this patient in terms of visualizing S2, and there is no mention of surgery. Therefore, the request for a CT myelogram is not medically necessary.