

<b>Case Number:</b>	CM14-0006934		
<b>Date Assigned:</b>	02/07/2014	<b>Date of Injury:</b>	03/28/2012
<b>Decision Date:</b>	07/21/2014	<b>UR Denial Date:</b>	01/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/18/2014

### 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 Anesthesiology has a subspecialty in Pain Management and is licensed to practice in Tennessee 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 44-year-old male who has filed a claim for lumbar disc degeneration associated with an industrial injury date of March 28, 2012. Review of progress notes indicates low back pain radiating into the lateral left lower extremity up to the dorsum of the foot, associated with numbness and tingling. Findings include positive straight leg raise test on the left, and an antalgic gait. Mention of a lumbar MRI dated May 27, 2013 showed stable MRI without canal or neuroforaminal compromise. Treatment to date has included NSAIDs, opioids, trazodone, heat wrap, and lumbar epidural steroid injection. The previous lumbar epidural steroid injection from May 2013 provided 60% relief for around 3.5 months. Utilization review from January 08, 2014 did not grant the requests for outpatient lumbar myelography with epidurogram, contrast dye, IV sedation, and fluoroscopic guidance as the documentation did not provide the necessity and rationale for the requested study.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **OUTPATIENT LUMBAR MYELOGRAPHY WITH EPIDUROGRAM, CONTRAST DYE: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Treatment Index 11th Edition (web), 2013, Low Back Chapter.

**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.

**Decision rationale:** The California MTUS does not address this topic. The Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, Official Disability Guidelines was used instead. Criteria for myelography include demonstration of the site of a CSF leak; surgical planning, especially regarding the nerve roots; radiation therapy planning; diagnostic evaluation of spinal or basal cistern disease, and infection involving the spine, intervertebral discs, meninges, surrounding soft tissues, or arachnoid membrane; poor correlation of physical findings with MRI studies; and precluded use of MRI, such as due to claustrophobia. In this case, the patient does not present with any of the abovementioned criteria to support the necessity of a lumbar myelogram. The Patient presents with findings consistent with lumbar radiculopathy, with an unremarkable previous MRI in May 2013. However, a lumbar myelogram is not the appropriate imaging modality to reassess the patient's lumbar condition. Therefore, the request for outpatient lumbar myelography with epidurogram, contrast dye is not medically necessary.