

<b>Case Number:</b>	CM14-0007283		
<b>Date Assigned:</b>	04/25/2014	<b>Date of Injury:</b>	03/21/2006
<b>Decision Date:</b>	05/29/2014	<b>UR Denial Date:</b>	01/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/20/2014

### 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:

The patient is an employee of [REDACTED] and has submitted a claim for lumbago associated with an industrial injury date of March 21, 2006. Treatment to date has included oral analgesics, physical therapy and chiropractic therapy. Medical records from 2013 were reviewed and showed chronic low back pain. Physical examination showed stiffness of the back with limitation of motion on all planes. Most documents submitted contain pages with handwritten and illegible notes. Utilization review from January 14, 2014 denied the request for outpatient lumbar CT myelogram because no focal neurologic signs or evidence of progression of such were documented.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **CT MYELOGRAM OF THE LUMBAR: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, TREATMENT IN WORKERS COMPENSATION, 2014.

**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 Expert Reviewer's decision rationale: CA MTUS does not address this issue. ODG guidelines state that CT Myelography is recommended when an MRI imaging cannot be performed or in addition to 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 however most of the documents submitted were handwritten and illegible. There were no focal neurologic findings that will support the requested procedure. The indication for this procedure was not discussed. Therefore, the request for CT myelogram of the lumbar is not medically necessary.