MAXIMUS Federal Services

Case Number:	CM14-0009311		
Date Assigned:	02/14/2014	Date of Injury:	11/21/2006
Decision Date:	07/24/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/23/2014

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 35-year-old male who has submitted a claim for postlaminectomy syndrome of the lumbar region, thoracic/lumbar neuritis/radiculitis, and major depressive disorder; associated with an industrial injury date of 11/21/2006. Medical records from 01/21/2013 to 12/16/2013 were reviewed and showed that patient complained of low back pain radiating into the left leg and calf. Pain is aggravated by sitting and standing, and is relieved by lying down. Physical examination showed a well-healed scar over the lumbosacral vertebral and pelvis. Range of motion was limited by pain. Straight leg raise test was positive on the left. DTRs were 2/4 in the patella and Achilles bilaterally. Motor testing was normal. Decreased sensation was noted over the left lateral calf. MRI of the lumbar spine, dated 03/06/2013, showed interval posterior and intervertebral body fusion of L5-S1, well aligned vertebral bodies; spinal canal and neural foramina at all levels are widely patent; bilateral L4 pars defects; and lower lumbar joint facet arthropathy. X-ray of the lumbar spine, dated 03/06/2013, showed no evidence of instability of L5-S1 fusion with flexion or extension, and L4 pars defects. Treatment to date has included medications, physical therapy, injections, cognitive behavioural therapy, and global fusion L5-S1 (2008).

IMR ISSUES, DECISIONS AND RATIONALES

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

CT LUMBAR MYELOGRAM: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability 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.

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 back pain with radicular symptoms for which lumbar CT myelogram was requested to determine the cause of the patient's symptoms. However, guidelines favor MRI over the requested procedure; and there was no evidence that an MRI of the lumbar spine cannot be performed. The guideline criteria have not been met. Therefore, the request for CT lumbar myelogram is not medically necessary.