

Case Number:	CM14-0105494		
Date Assigned:	07/30/2014	Date of Injury:	05/17/2010
Decision Date:	09/30/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/08/2014

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 claimant injured his low back on 05/17/10. A computed tomography (CT) myelogram with contrast of the lumbar spine is under review. He continues to report cramping pain in his calves. Of note, on 10/17/13, he saw [REDACTED] and stated that he was taking pain medications from family members. Norco didn't help much. He was taking 10 per day. He was also working longer hours and this had exacerbated his pain. He was given a prescription for Lyrica. Repeat injections versus neurostimulator were discussed. On multiple occasions he has had essentially benign physical examinations except for decreased range of motion. He saw [REDACTED] on 01/02/14 and had pain radiating to both legs with no new neurological symptoms. His pain had increased since his last office visit and it was made worse by physical activity and was rated 8/10. He was working. His affect was normal. There were no focal neurologic deficits. The range of motion was restricted and that was the only finding. He had previously been on Buprenorphine but had elected to stop it. He was interested in neurostimulation. A psychological evaluation for spinal cord stimulator was recommended. On 06/12/14, a note by [REDACTED] stated that he had 2 epidural injections that gave him short-term relief. The amount of relief and duration are not clearly documented. A magnetic resonance imaging showed mild desiccation at L3-4 and L5-S1 and a 3 mm disc bulge abutting but not compressing the ventral aspect of the thecal sac. There was no evidence of neurological impingement. A nerve conduction test dated 08/12/10 showed left sided L5-S1 radiculopathy. The source of the radiculopathy was never determined. There was no evidence of any compression of the L5 or S1 nerve roots. There were no focal neurologic deficits and no retention signs. The claimant had good range of motion with no signs of nerve root irritation. Straight leg raise tests were negative. Power and reflexes were symmetrical. There is no evidence of any progressive neurologic deficits. There are no signs of radiculopathy. The claimant has cramps that are nonspecific in distribution. The claimant has not

had repeat electrodiagnostic studies. ██████████ stated that because the injury was 4 years old and he had complaints of radiculopathy in his calves that a CT myelogram which should be done.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT (Computed Tomography) myelogram scan with contrast material, of the lumbar spine:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 12-7. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, CT myelography.

Decision rationale: The history and documentation do not objectively support the request for a CT myelogram of the lumbar spine at this time. The MTUS do not provide specific indications for CT myelography and state "risk of complications (e.g., infection, radiation) highest for myelo CT, second highest for myelography and relatively less for bone scan, radiography, and computed tomography". The ODG state "ODG Criteria for Myelography and CT Myelography: 1. Demonstration of the site of a cerebrospinal fluid leak (post-lumbar puncture headache, post-spinal surgery headache, rhinorrhea, or otorrhea). 2. Surgical planning, especially in regard to the nerve roots; a myelogram can show whether surgical treatment is promising in a given case and, if it is, can help in planning surgery. 3. Radiation therapy planning, for tumors involving the bony spine, meninges, nerve roots or spinal cord. 4. Diagnostic evaluation of spinal or basal cisternal disease, and infection involving the bony spine, intervertebral discs, meninges and surrounding soft tissues, or inflammation of the arachnoid membrane that covers the spinal cord. 5. Poor correlation of physical findings with MRI studies. 6. Use of MRI precluded because of: a. Claustrophobia; b. Technical issues, e.g., patient size; c. Safety reasons, e.g., pacemaker; d. Surgical hardware" These criteria have not been met. The statuses of the psychological evaluation for the spinal cord stimulator and the request for the spinal cord stimulation are not known. There is no evidence that the claimant has been involved in an ongoing program of exercise or has failed trials of local modalities, such as ice and heat and the judicious use of medications. There are no new or progressive focal neurologic deficits for which this type of imaging study appears to be indicated. There is no indication that surgery is being planned or is likely to be needed. The claimant's use of medication that he has obtained from family members should also be addressed fully which has not been done. CT myelograms are invasive and are not benign procedures and the medical necessity of this request for a CT myelogram with contrast has not been clearly demonstrated. Therefore the request is not medically necessary.