

Case Number:	CM14-0105586		
Date Assigned:	09/16/2014	Date of Injury:	12/17/2010
Decision Date:	10/29/2014	UR Denial Date:	06/28/2014
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 Anesthesiology, has a subspecialty in Pain 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 injured worker is a 44 year old male who sustained an injury on 12/17/10 when he fell ldnign on his buttocks and low back. The injured worker is status post lumbar fusion at L5-S1 performed in September of 2012. Prior CT studies noted a solid fusion at L5-S1. The injured worker did attend post-operative physical therapy. The clinical report dated 06/17/14 was handwritten and difficult to interpret. There did not appear to be any significant change in the injured worker's symptoms. The injured worker's physical exam noted continuing weakness at the right tibialis anterior that had progressed from 4- to 4/5. The radiographs of the lumbar spine appear to show no significant findings at L4-5. The injured worker was recommended for further imaging due to the weakness at the right tibialis anterior. The requested lumbar CT myelogram was denied on 06/28/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Spine CT Myelogram: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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, Myelogram/CT

Decision rationale: In review of the clinical documentation provided, the requested lumbar CT myelogram would not be supported as medically necessary per current evidence based guideline recommendations. The injured worker has been followed for continuing complaints of low back pain radiating to the right lower extremity. The injured worker is noted to have ongoing weakness at the right tibialis anterior that has been present for an extended period of time. The most recent reports noted a very minor amount of change in the reported weakness of the right tibialis anterior. There was no significant change identified. Given the lack of any significant objective changes in terms of neurological findings, and as there is no further indication for surgery which would require additional planning, the proposed CT myelogram of the lumbar spine would not be supported as medically necessary.