

<b>Case Number:</b>	CM14-0112503		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	11/06/2000
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	06/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/18/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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:

Medical records reflect the claimant is a 39 year old male who sustained a work injury on 11-6-00. On this date, he waked into a package cart. The claimant has a history of lumbar laminectomy. Office visit on 5-28-14 notes the claimant has low back pain radiation down both legs. Pain is worsening. On exam, his gait was normal. No neurological exam noted. There was a request for a myelogram due to the increase of pain and it was documented that an MRI with artifact was not valuable. Office visit on 6-4-14 notes the claimant had low back and right leg pain. On exam, the claimant had steady gait, tenderness to palpation and spasm.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Myelography l-s spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 12th Edition (web), Low Back chapter, MRI and Myelography

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter - myelography

**Decision rationale:** ACOEM notes that Myelography, including CT myelography, is recommended only in uncommon specific situations (e.g., implanted metal that preclude MRI, equivocal findings of disc herniation on MRI suspected of being false positives, spinal stenosis, and/or a post-surgical situation that requires myelography). ODG notes that myelography is not recommended except for selected indications, when MR imaging cannot be performed, or in addition to MRI. Myelography and CT Myelography OK if MRI unavailable, contraindicated (e.g. metallic foreign body), or inconclusive. There is an absence in documentation noting that this claimant has neurological deficits that follow a nerve root or a dermatome to support the performance of diagnostic testing, particularly myelogram. There is an absence of neurological examination noting deficits. Based on the record provided, the request for Myelography is not medically necessary.