

Case Number:	CM14-0120303		
Date Assigned:	08/06/2014	Date of Injury:	07/08/2011
Decision Date:	10/03/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	07/28/2014

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 injured worker is a 48-year-old female who has submitted a claim for degenerative disc disease, cervical, and radiculitis, cervical, associated with an industrial injury date of 7/08/2011. Medical records from 1/27/2012 to 8/19/2014 were reviewed and showed that patient complained of neck pain (pain scale grade unavailable) radiating down the left shoulder and low back pain (pain scale grade unavailable) radiating down the bilateral lower extremities. Physical examination of the cervical spine revealed tenderness and spasm over cervical paraspinal muscles, upper trapezius, levator scapulae, and scalenes; restricted range of motion (ROM) and hypesthesia over right C6 and C7 dermatomal distribution; and intact MMT and reflexes of upper extremities. Physical examination of the lumbar spine revealed tenderness over the lumbar paraspinal muscles; restricted lumbar ROM; intact sensation, manual muscle testing, and reflexes of lower extremities; and positive straight leg raise test on the right side. MRI of the cervical spine dated 1/2012 revealed status post anterior decompression and fusion. MRI of the lumbar spine dated 9/2011 revealed L3-4 disc bulge with central disc protrusion abutting the right L4 nerve root and L5-S1 disc protrusion abutting the right L5 nerve root. Treatment to date has included anterior cervical fusion of C5-6 (12/2011), lumbar discectomy (1999), right L5-S1 transforaminal epidural steroid injection (ESI) (12/2012), right L4-5 ESI (1/2013), physical therapy, chiropractic treatment, and pain medications. A utilization review dated 7/15/2014 denied the request for lumbar computed topography (CT) myelogram because there was no clear indication as to how the studies would influence specific treatment decision making in the case.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar computed topography (CT) myelogram .: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, Myelography Section

Decision rationale: The California MTUS does not address this issue. ODG guidelines state that CT Myelography is recommended when magnetic resonance imaging (MRI) 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 MRI. In this case, the patient complained of chronic low back pain. There was no discussion of surgical planning. Furthermore, previous lumbar MRI studies were successfully done. The guidelines only recommend CT myelogram when MRI cannot be done or for surgical planning. There is no clear indication for CT myelogram at this time. Therefore, the request for Lumbar computed topography (CT) myelogram is not medically necessary.