

Case Number:	CM14-0123689		
Date Assigned:	08/08/2014	Date of Injury:	07/18/1990
Decision Date:	09/15/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/05/2014

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 Family 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:

76 yr. old female claimant sustained a work injury on 7/18/90 involving the low back. An MRI in 2003 showed disc bulging at L2-L3 with mild canal stenosis, L3-L4 disc space narrowing, L4-L5 disc bulging with foramen narrowing and L5-S1 disc bulging. She was diagnosed with discogenic low back pain. A progress note on 7/23/14 indicated the claimant had continued low back pain. She had previously had a CT myelogram in 2003 and epidural steroid injections. She was currently on opioids for pain control. Examination was notable for tenderness in the left lumbar region and limited flexion/extension. Straight leg raise was negative and the gait was antalgic. She had decreased sensation on the right inner leg. The physician requested a CT myelogram to determine the cause of radicular pain. An EMG and NCV test were ordered to determine radicular vs. back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT Myelogram, lumbar spine QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: According to the ACOEM guidelines, CT myelogram is recommended for red flag symptoms such as cauda equina, tumor, infection, or uncertain neurological diagnoses not determined or equivocal on physical exam. It is optional for pre-operative evaluation. In this case, there is not indication of surgery and a prior CT was done. The exam findings are consistent with prior MRI findings. The need for a CT myelogram is not medically necessary.

Right lower extremity NCS QTY: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation x Official Disability Guidelines (ODG Lumbar pain.

Decision rationale: According to the ACOEM and ODG guidelines, a NCS study is not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The exam findings are consistent with prior MRI findings. The need for a NCV study is not medically necessary.

Right lower extremity EMG QTY: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: According to the ACOEM guidelines, EMG is not recommended for clinically obvious radiculopathy. It is recommended to clarify root dysfunction. The exam findings are consistent with prior MRI findings. The need for an EMG study is not medically necessary.