

Case Number:	CM14-0124470		
Date Assigned:	08/08/2014	Date of Injury:	07/23/2012
Decision Date:	10/03/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/06/2014

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:

This is a 41 year old male with a 7/23/12 date of injury. The mechanism of injury is not provided. In a follow-up on 4/26/14, subjective complaints included continued and worsening lower back stiffness and soreness, and radicular pain going down to the upper thigh level, right side worse than left. Objective findings included antalgic gait, standing with the right leg flexed at the knee, and no motor/sensory/reflex deficits. A lumbar spine MRI on 10/15/12 showed stable compression fractures at T12, L2, and L4, degenerative disc changes at L3-4 through L5-S1 inconclusive, L4-5 foraminal stenosis and contact with the L4 nerve root. An EMG of the lower extremities on 7/9/13 was normal. Diagnostic impression: lumbar spondylosis, lumbar compression fractures at T12, L2, L4, lumbar degenerative disc disease. Treatment to date: L5-S1 discectomy (2000), bilateral L3-5 medial branch block (3/6/14): reported significant relief, medications, physical therapy, modified activity, back brace. A UR decision on 7/18/14 denied the request for CT myelogram on the basis that there were no new clinical changes or symptoms since the last lumbar spine MRI to establish medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT Myelogram: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): page 303-304.

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.

Decision rationale: CA MTUS does not address this issue. An ODG criterion for CT myelography includes MRI unavailable, contraindicated, or inconclusive, or CT-myelogram used as a supplement when visualization of neural structures is required for surgical planning or other specific problem solving. In the present case, the previous MRI was inconclusive at disc levels L3-4 through L5-S1. In addition, the patient appears to have worsening radicular symptoms, right worse than left, that do not correlate well with the findings on the previous suboptimal MRI. Therefore, the request for CT myelogram is medically necessary.