

Case Number:	CM14-0126328		
Date Assigned:	08/13/2014	Date of Injury:	09/12/1990
Decision Date:	09/11/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	08/08/2014

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 Internal Medicine, has a subspecialty in Rheumatology 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 patient is a 54 year old male with date of injury 9/12/1990. The mechanism of injury is not stated in the available medical records. The patient has complained of lower back pain with radiation of pain to the bilateral lower extremities since the date of injury. He has been treated with a pain pump, epidural corticosteroid injections, physical therapy, medications, a spinal generator and multiple lumbar spine surgeries to include lumbar laminectomies with discectomies and spinal fusion. Plain films of the cervical, thoracic and lumbar spine performed 06/2014 revealed cervical spine degenerative disc disease at multiple levels, cervical facet arthrosis at C4-7, multilevel degenerative joint disease in the thoracic and lumbar spine with anterior endplate osteophytes. Objective: decreased and painful range of motion of the cervical and lumbar spine, decreased sensation in the posterior right and left leg. Diagnoses: lumbar stenosis, lumbar radiculopathy. Treatment plan and request: CT guided Lumbar spine myelogram, pre-operative internal medicine and cardiac evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT Guided lumbar spine myelogram: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG - TWC ; Indications for CT (computed tomography) guided lumbar myelogram.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low back complaints Page(s): 304.

Decision rationale: According to the MTUS guideline cited above, imaging studies should be reserved for cases in which surgery is being considered or red flag diagnoses are being evaluated. In this case, there is no documentation in the available medical records that surgery is being considered in this patient or red flag diagnoses are being evaluated at the time of this request. On the basis of the available provider documentation and MTUS guidelines, CT guided lumbar spine myelogram is not in medically necessary.

Pre-op Internal med/cardiology evaluation for surgery assessment: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG - TWC ; regarding criteria for pre-op lab testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: www.UpToDate.com/preoperative evaluation.

Decision rationale: Per the evidenced based medical guidelines cited above, pre-operative internal medicine and cardiac evaluations are indicated pre-operatively. There is no discussion or documentation in the available medical records of an impending surgery or surgical date. Based on this lack of documentation, pre-operative internal medicine and cardiology evaluation is not medically necessary.