

Case Number:	CM14-0134658		
Date Assigned:	08/27/2014	Date of Injury:	04/14/2003
Decision Date:	11/07/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/21/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 59-year-old female with a reported date of injury on 04/14/2003. The mechanism of injury was a fall from a chair. The injured worker's diagnoses included status post C5-6 fusion with adjacent segment disease at C4-5 and C6-7, left shoulder severe tendonitis and acromioclavicular joint findings, right shoulder overuse, lumbar multilevel fusions with lumbar fusion at L4-5 and L5-S1 with L3-4 disc replacement, left knee tricompartmental arthritis status post left knee arthroscopy and debridement in 2008, and morbid obesity. The injured worker's past treatments included medications, physical therapy, epidural steroid injections, acupuncture, crutch use, and a walker. The injured worker's previous diagnostic testing included an EMG on 12/16/2013, which showed no evidence of cervical radiculopathy. A lower extremity EMG/NCV in 2004 revealed no lumbar root injury, but was positive for peripheral neuropathy. A lumbar spine MRI on 06/01/2012 showed postsurgical changes at L4, L5, and S1. Solid interbody fusions at L4-5 and L5-S1. Metallic artifact at L3-4 obscured visualization. Degenerative disc and joint changes were noted at L1-2 and L2-3 with bilateral foraminal narrowing. The injured worker's surgical history included a C5-6 fusion in 2006, an L4-5 and L5-S1 fusion in 06/2008 and a left knee arthroscopy with debridement in 2008. The injured worker was evaluated on 06/27/2014 for complaints of neck, shoulder, and low back pain. The clinician reported cervical spine range of motion to be measured at 40 degrees of flexion, 50 degrees of extension, 70 degrees of bilateral lateral rotation, and 40 degrees of bilateral lateral flexion. The lumbar spine range of motion was measured at 30 degrees of flexion, 10 degrees of extension, and 10 degrees of bilateral lateral flexion with pain in all planes. The clinician reported that the injured worker attempted to have a CT myelogram done since her last visit but was unable to perform the procedure due to severe pain. The clinician's treatment plan was to

request a CT myelogram in a hospital setting with conscious sedation. The clinician reported no significant improvement with multiple therapy sessions. The injured worker was using a front wheeled walker to ambulate. The injured worker was evaluated on 03/05/2014 where the clinician reported muscle strength in all muscles as 5/5 with the exception of the left hamstrings, left dorsiflexion and left extensor hallucis longus which measured 4+/5. There was decreased pinprick sensation in the bilateral L5 and S1 dermatomal distribution. Cranial nerves 2 through 12 were sequentially tested and are grossly intact. Upper extremity reflexes were measured at right biceps 2/4, left biceps 0/4; brachial radialis reflex on the right, 0/4 on the left; triceps reflex 0/4 on the right, 0/4 on the left; finger jerk 2/4 bilaterally. Hoffman's sign was negative bilaterally. Range of motion of the cervical spine was measured at 40/60 degrees of flexion, 60/75 degrees of extension, 30/45 degrees of left and right lateral bending, 70/80 degrees of left rotation, and 60/80 degrees of right rotation. There was tenderness to palpation of the paraspinal lumbosacral region. Lower extremity reflexes were measured. Patellar reflex was measured as 0/4 bilaterally, as was the gastrocnemius reflex. Straight leg raise was positive bilaterally, Bonnet's phenomenon and Bragard's sign were positive bilaterally. The lumbar spine range of motion was measured at 30/60 degrees of true flexion, 0 degrees of true extension, 30 degrees straight leg raise, 30 degrees right straight leg raise, 10 degrees of left and right lateral bending. The clinician reported that he directly reviewed the MRI scan of the lumbar spine dated 10/18/2013 and that the exam was significantly compromised secondary to artifact from the hardware. The clinician indicated that the lumbar spine MRI previously mentioned was not of sufficient quality to make any surgical decisions. The recommendation would be to obtain a CT myelogram of the lumbar spine, which would also give a better picture of the hardware. The injured worker's medications included Celebrex, hydrocodone, omeprazole, Lyrica, Savella, cyclobenzaprine 5 mg and 10 mg, and Lunesta 2 mg. The request was for CT Myelogram (as an inpatient with conscious sedation). The rationale for the request was for low back pain with bilateral lower extremity complaints/failed back surgery syndrome. The Request for Authorization form was submitted on 06/27/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT Myelogram (as an inpatient with conscious sedation): 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 based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Myelography and Low Back, Hospitalization.

Decision rationale: The request for CT Myelogram (as an inpatient with conscious sedation) is not medically necessary. The injured worker complained of low back pain. The California MTUS/ACOEM Guidelines state that myelography or CT myelography is optional for preoperative planning if MRI is unavailable. The Official Disability Guidelines state that invasive evaluation by means of myelography and computed tomography myelography may be supplemental when visualization of neural structures is required for surgical planning or other specific problem solving. Regarding hospitalization, the Official Disability Guidelines do not

recommend hospitalization for low back pain in the absence of major trauma, acute or progressive neurologic deficit, or the patient's inability to manage basic needs at home and alternative to placement in a skilled nursing facility is not available or appropriate. The request does not indicate which body part the CT myelogram is requested for. As the patient has both cervical and lumbar complaints with previous fusions, clarification is necessary. Medical necessity has not been established based on the provided documentation. Therefore, the request for Myelogram (as an inpatient with conscious sedation) is not medically necessary.

