

Case Number:	CM14-0135856		
Date Assigned:	08/29/2014	Date of Injury:	08/16/2007
Decision Date:	10/21/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/22/2014

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 Occupational 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:

There are 118 pages provided for this review. The application for the independent medical review was signed on August 22, 2014. The issue was a lumbar CT myelogram and post lumbar CT myelogram. Per the records provided, the patient is a 62-year-old man. The injury occurred back in 2007. As of July 1, 2014 he has increased back pain and bilateral leg pain. He underwent a second lumbar epidural on May 13, 2014 which provided greater than 50% relief of his symptoms. It has worn off. Radiculopathy was confirmed on a previous nerve study in 2010. An MRI of the lumbar spine done in 2010 notes a large broad-based central disc protrusion at L5-S1 causing an imprint on the bilateral S1 nerve root as well as the neural foraminal stenosis at L5 nerve imprint. There is tenderness to palpation over the para lumbar muscles. In this case the patient complains of low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar CT Myelogram and Post Lumbar CT Myelogram: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Guidelines (ODG) Low back, CT, and CT Myelogram

Decision rationale: Regarding CT of the back, the ODG notes:- Lumbar spine trauma: trauma, neurological deficit- Lumbar spine trauma: seat belt (chance) fracture- Myelopathy (neurological deficit related to the spinal cord), traumatic- Myelopathy, infectious disease patient- Evaluate pars defect not identified on plain x-rays- Evaluate successful fusion if plain x-rays do not confirm fusion (Laasonen, 1989)The ODG-TWC guidelines specify that a myelogram with post-contrast CT scan would be appropriate as a precursor to surgery. The ODG guidelines further note, in the Low Back Procedures section regarding imaging that there needs to be progression of neurologic signs prior to considering repeat imaging studies. The guides note: It is not clear that pre-surgical assessment via a CT Myelogram/CT is needed, or that a progression of objective neurologic signs had occurred. The request for Lumbar CT Myelogram and Post Lumbar CT Myelogram is not medically necessary.