

Case Number:	CM14-0137652		
Date Assigned:	09/05/2014	Date of Injury:	09/03/2010
Decision Date:	10/22/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/25/2014

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 and is licensed to practice in Texas. 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:

Medical records reflect the claimant is a 57 year old female who sustained a work related injury on 9-3-10. Office visit on 6-11-14 notes the claimant has increased low back pain when she goes to work. The claimant has decreased range of motion at 70% of normal. SLR is negative. The claimant has decreased sensation over the L5-S1 dermatome. Reflexes are normal. X-rays of the lumbar spine on 6-20-14 notes the claimant has good bony alignment. Her surgical hardware appears to be well positioned.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT Myelogram of the Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter - CT myelogram

Decision rationale: ACOEM notes that Myelography, including CT myelography, is recommended only in uncommon specific situations (e.g., implanted metal that preclude MRI, equivocal findings of disc herniation on MRI suspected of being false positives, spinal stenosis,

and/or a post-surgical situation that requires myelography). There is an absence in physical exam findings to suspect spinal stenosis or neurological deficits that would support performing a CT myelogram. Therefore, the medical necessity of his request is not established.