

<b>Case Number:</b>	CM14-0169124		
<b>Date Assigned:</b>	10/17/2014	<b>Date of Injury:</b>	11/22/1996
<b>Decision Date:</b>	11/19/2014	<b>UR Denial Date:</b>	09/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2014

### 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 Preventive Medicine and is licensed to practice in Indiana. 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 employee is a 64 year old female with date of injury of 11/22/1996. A review of the medical records indicate that the patient is undergoing treatment for intervertebral disc disease of the thoracic, lumbar, and sacral spine with radiculitis. Subjective complaints include continuing pain in her back with radiation down both lower extremities. Objective findings include reduced range of motion of the lumbar spine with tenderness upon palpation of the paravertebrals; positive straight leg raise bilaterally; strength 5/5 in bilateral lower limbs; MRI showing an L4-S1 fusion. Treatment has included Florinol, Lidoderm patch, Mobic, Norco, Xanax, and Biofreeze gel. The utilization review dated 9/16/2014 non-certified CT myelogram of the pelvis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CT myelogram of the pelvis:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM-  
<https://www.acoempracguides.org/Low Back: Table 2, Summary of recommendations, Low Back Disorders>

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**Decision rationale:** MTUS says the following regarding imaging of the lower back: "Imaging studies should be reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. Because the overall false-positive rate is 30% for imaging studies in patients over age 30 who do not have symptoms, the risk of diagnostic confusion is great. Magnetic resonance (MR) neurography may be useful in isolating diagnoses that do not lend themselves to back surgery, such as sciatica caused by piriformis syndrome in the hip. However, MR neurography is still new and needs to be validated by quality studies." Myelography is an imaging examination that involves the introduction of a spinal needle into the spinal canal and the injection of contrast material in the space around the spinal cord and nerve roots (the subarachnoid space) using a real-time form of x-ray called fluoroscopy. The UR certified myelography of the lumbar spine, which is appropriate given the radicular signs and symptoms of the employee. There is no spinal canal in the pelvis, so a myelogram of the pelvis is not possible. Therefore, a CT myelogram of the pelvis is not medically necessary.