

Case Number:	CM14-0180048		
Date Assigned:	11/04/2014	Date of Injury:	05/31/2000
Decision Date:	12/10/2014	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	10/30/2014

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 Family Medicine, has a subspecialty in Clinical Informatics, and is licensed to practice in Pennsylvania. 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:

On May 31, 2000 while working in a cold storage trailer, this worker slipped on ice and fell onto his back while pulling a pallet with a pallet jack weighing approximately 2500 pounds. He had immediate onset of severe pain and sustained a sacral fracture, disc protrusion/herniation and spondylolisthesis. He had lumbar spine surgery following this. He has persistent low back and lower extremity pain. His medications include Cymbalta, Norco, methadone, Soma, Duragesic and tizanidine. At physician visit on October 1, 2014 he had limited lumbar range of motion, pain radiating down both legs in an L5-S1 distribution, and marked weakness at L5-S1. Exam was limited by his inability to sit for long. Diagnoses included lumbago, lumbar fusion and spondylolisthesis. X-rays of the lumbar spine were recommended to see how the fusion is holding on. A CT myelogram was ordered to rule out stenosis or another disc herniation. A CT myelogram of the lumbar spine was recommended instead of MRI to avoid artifact from the rods.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT Lumbar Spine Myelogram: Overturned

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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: Low Back, Topic: Myelography

Decision rationale: The ODG states in its criteria for myelography and CT myelography: surgical planning, especially in regard to the nerve roots; a myelogram can show whether surgical treatment is promising in a given case and, if it is, can help in planning surgery. Criteria also includes when use of MRI is precluded because of surgical hardware. In this case, even though an MRI would not be contraindicated, the physician's concerns regarding the rods from previous fusion creating artifact on MRI are a reasonable concern necessitating a CT myelogram.