

<b>Case Number:</b>	CM14-0023454		
<b>Date Assigned:</b>	05/12/2014	<b>Date of Injury:</b>	10/07/2011
<b>Decision Date:</b>	07/10/2014	<b>UR Denial Date:</b>	02/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2014

### 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 Orthopedic Surgery, 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:

47 year old claimant with industrial injury 10/7/11 Exam note 11/13/13 demonstrates patient with pain secondary to left sided neck spasms and left upper extremity radiculopathy. Report is noted of associated numbness and tingling. Claimant is status post lumbosacral discectomy. No objective findings in exam note from 11/13/13. Request for CT myelogram lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CT SCAN:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS) and the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) is silent on the issue of CT myelogram of the lumbar spine. According to the Official Disability Guidelines (ODG) Low Back, Myelogram is indicated when MRI is not available, contraindicated, or inconclusive or CT myelogram is used as a supplement when visualization of

neural structures is required for surgical planning or other specific problem solving. In this case it is unclear why advanced imaging such as MRI or CT myelogram is indicated. There is no evidence in the exam note from 11/13/13 documenting any progressive or new neurologic deficit to warrant imaging. Therefore the determination is for not medically necessary and appropriate.