

<b>Case Number:</b>	CM14-0024718		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	08/03/2011
<b>Decision Date:</b>	08/01/2014	<b>UR Denial Date:</b>	02/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2014

### 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 Pain 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:

The patient is a 49-year-old male who sustained a remote industrial injury on 08/03/11 diagnosed with lumbar disc displacement without myelopathy, displacement of cervical intervertebral disc without myelopathy, acquired spondylolisthesis, and lumbosacral spondylosis. Mechanism of injury occurred when the patient was driving on a highway undergoing construction and encountered a drop-off of about six inches where the pavement ended, causing the truck to bounce up and down violently and injuring the patient's low back. The most recent progress note provided is 02/24/14, reported the patient complaining of the development of severe left leg pain and numbness in the L5 and S1 distribution. The patient reports a pain level of 2/10 in the morning but his symptoms increase throughout the day. Physical exam findings reveal sciatic notch tenderness and sensation loss in the L5 and S1 distribution. Current medications are not listed but a previous progress report lists Norco as part of the patient's medications. It is noted that this is a formal appeal concerning the previous denial of a CT myelogram and MRI of the lumbar spine. The treating physician is considering epidural steroid injections or facet injections for the patient and notes that diagnostic studies would be useful in determining the appropriateness of such procedures. Provided documents include several previous progress reports and an Agreed Medical Evaluation dated 01/28/14. The patient's previous treatments include a back surgery in mid-March of 2012, unspecified injections at the L5-S1 level with no benefit, physical therapy, and medications. Imaging studies provided include an MRI of the lumbar spine, performed on 06/03/13. The impression of this MRI reveals slight facet hypertrophy at L4-5 without stenosis and status post decompressive laminectomy with posterolateral fusion at L5-S1 without radiographic complication. An MRI of the cervical spine, performed on 01/19/12, reveals unremarkable findings. The most recent imaging study is an X-

ray of the lumbar spine, performed on 01/09/14, reveals L5-S1 anterior and posterior fusion with no evidence for hardware failure or loosening.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**CT myelogram of lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**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 - Lumbar & Thoracic (Acute & Chronic), Myelography.

**Decision rationale:** According to ODG, the criteria for CT Myelography involve "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" and "Diagnostic evaluation of spinal or basal cisternal disease, and infection involving the bony spine, intervertebral discs, meninges and surrounding soft tissues, or inflammation of the arachnoid membrane that covers the spinal cord." In this case, the treating physician does not adequately highlight any planned surgical procedure or any of the aforementioned diagnostic evaluations for which a CT would be necessary. Further, an MRI of the lumbar spine was performed just one year ago revealing a successful fusion at L5-S1 and slight facet hypertrophy at L4-5 and not enough progress notes are provided to reveal a significant change in symptoms warranting additional diagnostic workup. As such, medical necessity of a CT Myelography has not been established in conjunction with an MRI and non-certification of 1 CT MYELOGRAM OF LUMBAR SPINE is recommended.

**MRI of lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**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 - Lumbar & Thoracic (Acute & Chronic), MRIs (Magnetic Resonance Imaging).

**Decision rationale:** According to the Official Disability Guidelines (ODG) criteria, a repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). In this case, provided documentation highlights that an MRI of the lumbar spine was performed on 06/03/13 revealing a successful fusion at L5-S1 and slight facet hypertrophy at L4-5. As only a few progress reports with mostly inadequate physical exams performed have been provided, it cannot be inferred that the patient has had a significant change in symptoms warranting a repeat MRI. Further, the treating physician notes

that a epidural steroid injection or facet injection may be appropriate but the patient previously had unspecified injections at the L5-S1 level with no benefit. Thus, the request for 1 MRI of the lumbar spine is not medically necessary and appropriate.