

<b>Case Number:</b>	CM14-0025423		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	11/21/2013
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	02/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2014

### 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 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 injured worker is a 59-year-old male who reported an injury on 01/21/2013. The mechanism of injury was the injured worker was hit by a boom. The prior treatments were not provided. The documentation of 01/23/2014 revealed the injured worker had a chief complaint of low back and right radiating leg pain with numbness and tingling since the accident. The physical examination revealed the injured worker had difficulty getting up a step and had diminished right knee reflexes compared to the left. The diagnosis was right lumbar radiculopathy, rule out herniated disc at L4. The documentation indicated the injured worker's power, tone, and deep tendon reflexes were unremarkable except as they related to his right quadriceps. The treatment plan included a myelogram and post-myelogram CT scan. Additionally, the treatment plan included Medrol Dosepak followed by Volteran 75 mg (1 by mouth twice a day).

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### MYELOGRAM AND POSTMYELOGRAM CT SCAN OF THE LUMBAR SPINE:

Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

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

**Decision rationale:** The Official Disability Guidelines do not recommend myelography except for selected indications and when MR imaging cannot be performed or in addition to an MRI. The criteria include the use for surgical planning, especially in regard to nerve roots. The clinical documentation submitted for review failed to indicate the rationale for the requested intervention. There was a lack of documentation indicating this would be utilized for surgical planning. Given the above, the request for myelogram and post-myelogram CT of the lumbar spine is not medically necessary.