

Case Number:	CM14-0025546		
Date Assigned:	06/13/2014	Date of Injury:	02/24/2007
Decision Date:	07/17/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	02/28/2014

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 & Rehabilitation and is licensed to practice in Illinois. 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 65-year-old male who reported an injury on 02/24/2007. The mechanism of injury was not provided for review. The Request for Authorization dated 01/30/2014 for a CT lumbar myelogram was submitted. However, no documentation prior to the request to outline physical deficits or a treatment history was provided. The only clinical note provided for review was from after the request was submitted. It was dated 03/25/2014. It was documented that the injured worker had an antalgic gait. It was noted that the requested provocation discography and post discographic CT scan were denied by the insurance carrier. It was noted that the injured worker had extreme pain complaints. However, it was only noted that the injured worker's physical examination of his back and lower extremities was unchanged. There were no objective measures submitted for review. At that appointment, a request was made for a surgical intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT LUMBAR MYELOGRAM: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304-305.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back chapter, Myelogram.

Decision rationale: The requested CT lumbar myelogram is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends imaging for lumbar injuries when there is documentation of neurological deficits. Furthermore, the Official Disability Guidelines recommend CT lumbar myelogram to assist with surgical intervention to the nerve roots. However, the clinical documentation submitted for review fails to provide any evidence of neurological deficits prior to the request to support the need for this diagnostic study. There was no documentation to support that the injured worker is a surgical candidate or has radicular findings that would benefit from treatment planning resulting from this diagnostic study. As such, the requested CT lumbar myelogram is not medically necessary or appropriate.