

<b>Case Number:</b>	CM14-0037077		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	02/02/1998
<b>Decision Date:</b>	07/23/2014	<b>UR Denial Date:</b>	03/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2014

### 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 63-year-old female who reported an injury on 02/02/1988. The injury reported was a student running into her back. The diagnoses include chronic thoracic and lumbar pain, weakness of the right lower extremity, drop foot, status post thoracic and lumbar fusion. Previous treatments included surgery, x-rays, medication, EMG, and NCS. Within the clinical note dated 03/07/2014 it was reported the injured worker complained of pain in the bilateral calves from the knee down. She complained of a strong pinching sensation in the low back. She reported her toes go numb on the right foot. The injured worker complained of right lower extremity weakness which was getting worse. On the physical examination of the lumbar spine, the provider noted forward flexion at 30 degrees with discomfort and extension at 0 degrees. The provider indicated the injured worker had a positive straight leg raise on the right and a slight straight leg raise on the left. Deep tendon reflexes were noted to be 2+/4+ bilaterally, and sensation was noted to be decreased on the right at L3, L4 and L5. A myelogram was attempted on the lower lumbar spine in December but was not successfully performed. There was not sufficient space for the needed to be inserted. The provider requested a CT myelogram of the lumbar spine for better assessment of why the condition had been deteriorating with increased symptomatology in the right lower extremity. The Request for Authorization was submitted and dated 03/13/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CT (Computed Tomography) myelogram of the lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Lumbar and Thoracic CT & CT Myelography.

**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:** There is a lack of documentation indicating the injured worker to have a cerebrospinal fluid leak, post lumbar puncture headache, post spinal surgery headache, rhinorrhea, or otorrhea. The documentation submitted does not warrant the injured is planning to undergo surgery. There is a lack of documentation indicating the injured worker is planning radiation therapy for tumors involving the bony spine, meninges, nerve roots, or spinal cord. Therefore, the request for a CT myelogram of the lumbar spine is non-certified.