

Case Number:	CM14-0037107		
Date Assigned:	06/25/2014	Date of Injury:	09/17/1985
Decision Date:	12/22/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	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 & Rehabilitation, has a subspecialty in Interventional Spine 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:

This patient presents with an increase in low back pain. The current request is for a CT myelogram of the lumbar spine as the "patient's symptomatology is worsening and the patient is unable to undergo an MRI as he is claustrophobic." The ODG Guidelines, under its low back chapter, states that myelography is not recommended except for selected indication such as cerebrospinal fluid leak, surgical planning, radiation therapy planning for tumors, evaluation of spinal or basal cisternal disease/infection, poor correlation with physical finding with MRI and if MRI cannot be tolerated/surgical hardware present. In this case, the treating physician has documented that the patient has progressive muscle weakness with worsening lower back pain and is unable to do an MRI as he is claustrophobic. The ODG supports CT myelography for this specific reason. The request is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT Myelogram of the lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, (http://www.odg-twc.com/odgtwc/low_back.htm)

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 chapter, CT myelography

Decision rationale: This patient presents with an increase in low back pain. The current request is for a CT myelogram of the lumbar spine as the "patient's symptomatology is worsening and the patient is unable to undergo an MRI as he is claustrophobic." The ODG Guidelines, under its low back chapter, states that myelography is not recommended except for selected indication such as cerebrospinal fluid leak, surgical planning, radiation therapy planning for tumors, evaluation of spinal or basal cisternal disease/infection, poor correlation with physical finding with MRI and if MRI cannot be tolerated/surgical hardware present. In this case, the treating physician has documented that the patient has progressive muscle weakness with worsening lower back pain and is unable to do an MRI as he is claustrophobic. The ODG supports CT myelography for this specific reason. The request is medically necessary.