

Case Number:	CM14-0039721		
Date Assigned:	06/30/2014	Date of Injury:	07/08/1992
Decision Date:	07/29/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/04/2014

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 Neurology, has a subspecialty in Pain Medicine, and is licensed to practice in Florida. 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:

A 2/20/14 PR-2 notes that the injured worker continues with reported radiculopathy down both legs. He insured has tingling and numbness and increased pain with flexion. These are reported to be new symptoms in the last year. Examination notes decreased flexion, extension and lateral bending with decreased rotation both left and right in the spine. A 5/27/14 note is qualified medical-legal re-evaluation. There is a history of lumbar fusion in April 1995. There is note of persistent pain in the back. Examination notes pain and spasm in the back with paresthesias in the right foot in the S1 distribution. His range of motion has not changed significantly. The range of motion was reported to have not changed significantly. Straight leg raise was limited to 30 degrees. Medication management was recommended.

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: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Work Loss data Institute, www.odg-twc.com, Low Back-Lumbar & Thoracic (Acute & Chronic), www.acoempracguides.org/lowback.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: The medical records provided for review note chronic back pain condition that is reported to have not changed in regard to range of motion. New symptoms of numbness are reported, but the physical examinations do not indicate any neurologic change with any demonstration of deficit in motor, sensory, or reflex changes. There is report of x-ray results and no indication that fusion is being questioned as successful. There is no information indicating suspicion of cancer or infection. Without demonstration of neurologic deficit or myelopathy, CT scan imaging is not supported under the Official Disability Guidelines. As such, the request is not medically necessary.