

Case Number:	CM14-0048664		
Date Assigned:	06/25/2014	Date of Injury:	07/23/2007
Decision Date:	07/25/2014	UR Denial Date:	03/17/2014
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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and 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:

The patient is a 68 year old female who was injured on 7/23/2007. The diagnoses are post laminectomy lumbar syndrome, sacroilitis, lumbar spine stenosis, status post lumbar fusion and knee pain. The past surgeries are lumbar fusion in 2010, spinal cord stimulation on 2011 that was revised in 2012. On 6/19/2014, [REDACTED] documented that the patient was complaining of increased back pain, decreased ADL, increased in lower extremities weakness despite earlier pain relief following lumbar epidural steroid injection and spinal cord stimulator implantation. There are compliant of new onset urinary incontinence and three falls in recent months. An X-Ray showed anterolisthesis, screws hallowing, possible loosening of L4-L5 hardware and pseudoarthrosis. The medications are Celebrex, tramadol and gabapentin for pain. A Utilization Review determination was rendered on 3/17/2014 recommending non-certification for CT Myelogram of lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT Myelogram Lumbar Spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation ODG(The Official Disability Guidelines) (http://www.odg-twc.com/odgtwc/low_back.htm) Indications for imaging-Computed tomography.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain. Low Back.

Decision rationale: The CA MTUS - ACOEM and the ODG addressed the use of radiological diagnostics tests in the management of chronic low back pain. CT Myelograms are indicated when there is progressive neurological deficits and failed conservative management in situations where basic X-Rays had provided insufficient information but MRI is contraindicated. The record indicated that the patient has suffered progressive neurological deterioration as shown by new onset increased pain, lower extremities weakness, frequent falls and urinary incontinence. The plain X-Rays showed signs indicative of L4-L5 hardware loosening. An MRI is contraindicated because of the presence of spinal cord stimulator implant. The criteria for CT Myelogram of the Lumbar Spine was met, the request is medically necessary.