

Case Number:	CM14-0053732		
Date Assigned:	07/07/2014	Date of Injury:	01/25/2008
Decision Date:	09/17/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	04/22/2014

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. 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 52 year old male who sustained an injury to his low back on 01/25/2008 while removing mud with a shovel and throwing it over the edge of the trench when he experienced a grinding pop and sudden pain in his left low back. The injured worker presented to urgent care and was told that he had a low back sprain and could be able to return to work in one week without restrictions. The injured worker reportedly completed ten or twelve visits of physical therapy and started feeling better. He also had six chiropractic treatment visits that did not provide any benefit. The clinical note dated 03/27/14 noted that physical examination findings included intact sensation, normal deep tendon reflexes, normal muscle strength bulk and tone with marked decrease in lumbar spine range of motion. MRI of the lumbar spine dated 10/31/14 revealed foraminal narrowing of L4 to L5 and L5 to S1 with near nerve root abutment of L4 to L5, but no definite nerve root impingement identified and no significant interval change in lumbar appearance since prior comparison MRI dated 10/16/12.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 lumbar myelogram: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

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, Myelography.

Decision rationale: The previous request was denied on the basis that the injured worker recently underwent an MRI and there are no signs to suggest a cerebrospinal fluid leak, spinal or basil cisternae disease, infection involving the bony spine, intervertebral discs, meninges, and surround soft tissues or inflammation of the arachnoid membrane that covers the spinal cord. There was no report of a new acute injury or exacerbation of previous symptoms. There was no mention that a surgical intervention was anticipated. There were no additional 'red flags' identified that would warrant this modality. Given this, the request for one lumbar myelogram is not indicated as medically necessary.