

Case Number:	CM14-0061665		
Date Assigned:	07/09/2014	Date of Injury:	02/28/2013
Decision Date:	08/18/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	05/02/2014

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 Occupational Medicine 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 applicant has filed a claim for chronic mid and low back pain reportedly associated with an industrial injury of February 28, 2013. Thus far, the applicant has been treated with the following, analgesic medications; attorney representation; electrodiagnostic testing of July 10, 2013 which, per the claims administrator, revealed bilateral L5 radiculopathy; and MRI imaging of the lumbar spine of June 2, 2013, which, per the claims administrator, result in low-grade 1 to 2 mm disk bulge without evidence of canal stenosis or neuroforaminal narrowing. The claims administrator stated that an MRI had established the presence of pathology associated with lumbar spine but then written in another section of the report that the lumbar MRI in question was equivocal. In handwritten March 24, 2014, progress note, the applicant was placed off of work, on total temporary disability. The note was difficult to follow. The applicant reportedly remained symptomatic, reporting 5/10 neck pain and low back pain. The attending provider sought authorization for a CT myelogram of the cervical spine on this occasion. In earlier progress note of March 6, 2014, the applicant was described as insisting on OxyContin for ongoing complaints of 7/10 neck and low back pain. On February 24, 2014, the applicant reported persistent complaints of low back pain radiating to left leg. The applicant was again placed off of work, on total temporary disability, for 30 to 45 days. On January 7, 2014, the applicant was again placed off of work. OxyContin was issued. The applicant was described as having persistent severe low back pain. A spine surgery consultation was endorsed. The lumbar MRI of September 19, 2013 was reviewed and was notable for low-grade disc bulges in the 1 to 2 mm range, which failed to reveal any clear source for the applicant's radicular complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Computed Tomography (CT) Myelography 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-Treatment for Workers' Compensation, Online Edition Chapter: Low back CT (computed tomography).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: As noted in the MTUS ACOEM Guidelines, myelography or CT myelography for preoperative planning purposes is deemed optional. If MRI imaging is unavailable or equivocal, as is the case here. In this case, the applicant does have ongoing severe, reportedly debilitating complaints of low back pain requiring usage of OxyContin. The applicant is off of work, on total temporary disability. Earlier lumbar MRI imaging has been essentially negative, demonstrating only low-grade 1 to 2 mm disk bulges, which do not account for the applicant's ongoing radicular complaints, while electrodiagnostic testing has apparently established the presence of an active radiculopathy. The applicant has consulted several spine surgeons, who have apparently recommended CT myelography to better delineate the lumbar spine anatomy and/or determine the presence or absence of lesions amenable to surgical correction. Therefore, the request is medically necessary.