

Case Number:	CM14-0062305		
Date Assigned:	07/11/2014	Date of Injury:	11/22/2000
Decision Date:	08/19/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	05/05/2014

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 patient is a 66 year old female who was injured on 11/22/2000. The mechanism of injury is unknown. According to the Utilization Review (UR), the patient had an MRI of the lumbar spine performed on 05/09/2012 which revealed post-operative changes with minor anterolisthesis again seen in L4-L5. L2-3 relatively severe discogenic disease, mild central stenosis. L2-3 mild facet degenerative changes with notable synovial signal. She was noted to have shooting pain on progress report dated 03/17/2014 that radiated into the left leg and cramping down the leg at night. She reported numbness in the distal lateral leg and the back was really painful. She rated her pain with medications a 7/10. Her exam demonstrated full strength, bulk and tone in the bilateral lower extremities. She had tenderness in the lumbar spine, facet joint, and left sacroiliac joint. There was decreased flexion, extension, and lateral bending. She had positive Patrick's sign on the left. She has a diagnosis of lumbago. An Electromyography (EMG)/Nerve Conduction Velocity (NCV) of the lumbar spine and left leg was requested as well as a CT myelogram of the lumbar spine. There are no further records available for review. Prior utilization review dated 04/04/2014 states the request for CT myelogram L/S is not certified as an MRI was performed recently; therefore a CT scan is not necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT Myelogram L/S: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Criteria for Myelography and CT Myelography.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, CT Myelography.

Decision rationale: According to ODG guidelines, CT myelography of the lumbar spine may be indicated for select indications including contraindications to MRI, surgical, and rule out infection, among others. However, medical records do not provide a specific rationale for the request. Medical necessity is not established therefore, the request is not medically necessary and appropriate.