Case Number:	CM14-0071001		
Date Assigned:	07/18/2014	**Date of Injury:**	07/23/2012
Decision Date:	09/16/2014	**UR Denial Date:**	05/02/2014
Priority:	Standard	**Application Received:**	05/16/2014

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 Internal 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:

Patient is an injured worker with diagnoses of lumbar spondylosis, lumbar compression fractures of T12, L2 and L4, lumbar degenerative disc disease, chronic low back pain. Date of injury was 07-23-2012. Regarding the mechanism of injury, the patient injured his back while operating heavy machinery. He had a prior L5-S1 laminectomy in 2000. Progress note dated 03/12/2014 documented a diagnosis of low back pain and physical examination findings including lumbar spasm, spasm upper mid back, decreased range of motion of spine, straight leg raises negative, no focal neurologic signs. Medications included Ultram, Ibuprofen, and Percocet 10/325 mg. MRI of the lumbar spine performed on 10/25/12 reported stable compression fractures at T12, L2 and L4. The fractures at T12 and L2 appears subacute. The fractured L4 appears chronic. Degenerative disc changes L3-L4 through L5-S1 inclusive. Disease is most severe at L5-SI andL4-L5. Contact with the left L4 exiting nerve root at L4-L5. Electrodiagnostic test of bilateral lower extremities 07/09/13 reported a normal electrodiagnostic study. The bilateral lower extremity studies reveal no electrodiagnostic evidence of a lumbar radiculopathy, plexopathy, focal peripheral nerve compromise or large fiber peripheral polyneuropathy. Progress report dated 04/04/2014 documented that the patient had radiofrequency neurolysis on 03-06-2014. The patient was pleased to say that he was having significant relief following the radiofrequency neurolysis procedure performed on 03-06-2014. He feels that the patin is at a much more manageable level. The patient has no new symptoms or complaints following the procedure. He reports over 50% improvement of pain at this time. He has significant relief of pain following the radiofrequency neurolysis and is satisfied with his progress. Medications included Percocet 10/325 mg. Physical examination was documented. The patient appears comfortable. Mood is pleasant and affect is appropriate. Bilateral biceps, triceps, patella and achilles reflexes are normoactive and symmetric. Sensation is intact to light and sharp touch

throughout the lower extremities. Gait is normal and without evidence of antalgia. Lower extremity strength is 5/5 for bilateral hip flexion, knee extension, ankle dorsiflexion, extensor hallucis longus and ankle plantar flexion. The lumbar spine exhibits normal alignment without asymmetry. A well-healed midline surgical scar is present in the lumbar spine. There is no tenderness to palpation over the lumbar paraspinals or the spinous processes. Diagnoses were lumbar spondylosis, lumbar compression fractures of T12, L2 and L4, lumbar degenerative disc disease, chronic low back pain. A medical letter dated 04-26-2014 by [redacted] documented an follow-up evaluation on 04-21-2014. The patient continues with low back stiffness, soreness and pain in a radicular distribution going to the upper thigh, at times right side greater than left. Lumbar myelogram with post-myelogram CT scan was requested. The utilization review determination date was 05-01-2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat Lumbar Myelogram: 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 (ODG), Treatment Index, 11th Edition (web), 2013, Low Back-Lumbar & Thoracic (Acute & Chronic), Myelography.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304, 308-310.

Decision rationale: Medical treatment utilization schedule (MTUS) American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints states that relying solely on imaging studies to evaluate the source of low back and related symptoms carries a significant risk of diagnostic confusion (false-positive test results). Imaging studies should be reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. MRI is the test of choice for patients with prior back surgery. Myelography or CT myelography for preoperative planning, if MRI is unavailable, is categorized as an optional clinical measure. MRI of the lumbar spine performed on 10/25/12 reported stable compression fractures at T12, L2 and L4. The fractures at T12 and L2 appears subacute. The fractured L4 appears chronic. Degenerative disc changes L3-L4 through L5-S1 inclusive. Disease is most severe at L5-SI andL4-L5. Contact with the left L4 exiting nerve root at L4-L5. Progress report dated 04/04/2014 documented that the patient was having significant relief following the radiofrequency neurolysis procedure performed on 03-06-2014. He feels that the pain was at a much more manageable level. The patient has no new symptoms or complaints following the procedure. He reports over 50% improvement of pain at this time. He has significant relief of pain following the radiofrequency neurolysis and is satisfied with his progress. The patient appeared comfortable. Physical examination documented normal motor strength, neurologic function, and gait, with no tenderness to palpation over the lumbar paraspinals or the spinous processes. Lumbar myelogram was requested. ACOEM guidelines state that myelography is an option for preoperative planning, if MRI is unavailable. No preoperative considerations were documented. Medical records indicate that MRI is available.

The medical records do not document acute injuries or red flags. Physical examination documented normal motor strength, neurologic function, and gait, with no lumbar tenderness. The medical records do not support the medical necessity of a lumbar myelogram. Therefore, the request for Repeat Lumbar Myelogram is not medically necessary.

Post Lumbar CT Scan: 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 (ODG), Treatment Index, 11th Edition (web), 2013, Low Back-Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304, 308-310.

Decision rationale: Medical treatment utilization schedule (MTUS) American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints states that relying solely on imaging studies to evaluate the source of low back and related symptoms carries a significant risk of diagnostic confusion (false-positive test results). Imaging studies should be reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. MRI of the lumbar spine performed on 10/25/12 reported stable compression fractures at T12, L2 and L4. The fractures at T12 and L2 appears subacute. The fractured L4 appears chronic. Degenerative disc changes L3-L4 through L5-S1 inclusive. Disease is most severe at L5-SI andL4-L5. Contact with the left L4 exiting nerve root at L4-L5. Progress report dated 04/04/2014 documented that the patient was pleased to say that he was having significant relief following the radiofrequency neurolysis procedure performed on 03-06-2014. He feels that the pain was at a much more manageable level. The patient has no new symptoms or complaints following the procedure. He reports over 50% improvement of pain at this time. He has significant relief of pain following the radiofrequency neurolysis and is satisfied with his progress. The patient appeared comfortable. Physical examination documented normal motor strength, neurologic function, and gait, with no tenderness to palpation over the lumbar paraspinals or the spinous processes. Lumbar myelogram with post-myelogram CT scan was requested. ACOEM guidelines recommend CT or MRI when cauda equina, tumor, infection, or fractures are strongly suspected. The medical records do not document acute injuries or red flags. There is no documentation that cauda equina, tumor, infection, or acute fracture are strongly suspected. Physical examination documented normal motor strength, neurologic function, and gait, with no lumbar tenderness. The patient is status post L5-S1 laminectomy in 2000. According to ACOEM guidelines, therefore, the request for Post Lumbar CT Scan is not medically necessary.