

Case Number:	CM14-0074050		
Date Assigned:	07/16/2014	Date of Injury:	04/12/2001
Decision Date:	09/08/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/21/2014

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 Physical Medicine and Rehabilitation 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:

According to the records made available for review, the injured worker is a 37-year-old female with a 4/12/01 date of injury, and L4-L5 and L5-S1 artificial disk replacement on 10/15/03. On 04/24/14 the Decision for CT Myelogram, lumbar spine, there is documentation of subjective low back pain, and objective muscle spasms noted on left thoracic and lumbar paraspinal muscles and decreased range of motion. The findings, and imaging findings are: reported lumbar MRI report dated 5/23/13 revealed status post anterior and posterior fusion with inter-body cage placement from L4-S1, causing metal susceptibility artifact at these levels, limiting evaluation of the central canal; report not available for review), current diagnoses post-laminectomy syndrome and chronic pain syndrome, and treatment to date medications, acupuncture, steroid injections, and physical therapy.

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. Decision based on Non-MTUS Citation Official Disability Guidelines, criteria for myelogram.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Myelography.

Decision rationale: The MTUS reference to ACOEM identifies documentation of preoperative planning and MRI not available, as criteria necessary to support the medical necessity of Myelography. The ODG identifies that Myelography is recommended when MRI is unavailable, contraindicated (e.g. metallic foreign body), or inconclusive. Within the medical information available for review, there is documentation of diagnoses of post-laminectomy syndrome and chronic pain syndrome. In addition, given documentation of imaging findings (MRI identifying status post anterior and posterior fusion with inter-body cage placement from L4-S1, causing metal susceptibility artifact at these levels, limiting evaluation of the central canal), there is documentation that MRI is contraindicated and inconclusive. Therefore, based on guidelines and a review of the evidence, the request for CT Myelogram, lumbar spine is medically necessary.