

<b>Case Number:</b>	CM14-0074062		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	01/26/2009
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	04/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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, this is a 60-year-old male with a January 29, 2009 date of injury, and L5-S1 microdiscectomy on 7/20/09. At the time of request for authorization for Lumbar CT Myelogram (on April 10, 2014), there is documentation of subjective (back pain and leg pain) and objective (decreased muscle strength and sensory changes in left leg and positive left straight leg raise) findings, imaging findings (Lumbar MRI[January 29, 2014] report revealed moderate multilevel degenerative disc disease and L3-L4 and L5-L5 discs herniation most prominent in the right lateral distribution), current diagnoses (lateral recess and central stenosis, postlaminectomy syndrome, left S1 lateral recess narrowing, and peripheral neuropathy), and treatment to date (medications, physical therapy, and epidural steroid injection). There is no documentation of preoperative planning and that MRI is unavailable, contraindicated, or inconclusive.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Lumbar CT Myelogram:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment in Workers Comp, Online Edition. Chapter: Low Back - Lumbar & Thoracic. Myelography.

**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 Low Back Complaints Chapter of the ACOEM Practice Guidelines identifies documentation of preoperative planning and MRI not available, as criteria necessary to support the medical necessity of myelography. 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 lateral recess and central stenosis, postlaminectomy syndrome, left S1 lateral recess narrowing, and peripheral neuropathy. However, there is no documentation of preoperative planning. In addition, given documentation of MRI findings (moderate multilevel degenerative disc disease and L3-L4 and L5-L5 discs herniation most prominent in the right lateral distribution), there is no documentation that MRI is unavailable, contraindicated, or inconclusive. Therefore, the request for a lumbar ct myelogram is not medically necessary or appropriate.