

<b>Case Number:</b>	CM14-0075660		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	05/04/2004
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	05/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/23/2014

### 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, has a subspecialty in Interventional Spine 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 36-year-old male with a date of injury of 05/04/2004. The listed diagnoses per [REDACTED] are: 1. Lumbar discogenic disease, failed fusion. 2. Iatrogenic narcotic overdose. 3. Allergy to Vicoprofen. According to progress report 05/05/2014 by [REDACTED], this patient presents with continued severe pain in his low back with radiation down his legs. The treater states the patient underwent surgery in December 2011 which led to a non-fusion and he now has severe ongoing pain with radiation down to his legs. Patient's medication regimen includes Soma, diazepam, amitriptyline, and Vicoprofen. Examination of the lumbar spine revealed bilateral spasm and decreased range of motion on all planes. Straight leg raise test is positive at bed side bilaterally. Patient had significant weakness of his abductor hallucis longus bilaterally. Treater is recommending a CT myelogram and a thoracic MRI, as it is recommended by [REDACTED]. The report by the [REDACTED] is not provided for my review. The utilization review denied the request for a CT scan with myelogram for the lumbar spine of 05/10/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CT (Computed Tomography) scan with myelogram for lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low Back-Lumbar and Thoracic, Criteria for Myelography and CT Myelography.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**Decision rationale:** This patient presents with chronic low back pain. The treater is requesting a CT scan with myelogram for the lumbar spine. The review of the medical records indicates the patient spent 2 days in the hospital in April of 2014 because of severe back pain. The hospital recommended the patient get a thoracic MRI and a CT scan. Utilization review denied the request for thoracic MRI and CT myelogram. This is an appeal for the CT. Utilization review denied the request stating that it does not appear the patient will have an upcoming surgery to warrant a CT at this time. ACOEM guidelines page 309 states under CT, recommendation is made when caudal equine, tumor, infection, or fracture are strongly suspected and plain film radiographs are negative. ODG guidelines states CT myelogram is recommended if MRI is unavailable, contraindicated, inconclusive, or if there is surgical planning. This patient is being scheduled for MRI and there is no surgical planning to warrant CT myelogram. The request is not medically necessary.