

<b>Case Number:</b>	CM14-0099467		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	01/26/2009
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	06/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/27/2014

### 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 Illinois. 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 injured worker is a 60-year-old male who reported an injury on 01/26/2009 due to pushing bread racks. The diagnoses were lateral recess and central stenosis, L4-5; postlaminectomy syndrome, L4-5 and L5-S1; S1 lateral recess narrowing, left; and peripheral neuropathy, cause unknown. Past treatments reported were a transforaminal block at the L5-S1 on 08/02/2013 with a reported 50% pain relief, but the pain returned within 24 hours. Also reported were physical therapy and acupuncture. A lumbar medial branch nerve block was performed on 02/25/2014. Diagnostic studies were an EMG/NCV (Electromyogram/ Nerve conduction velocity) and an MRI on 01/29/2014 that revealed multiple abnormalities. L1-2 had a small left disc protrusion. L2-3 had mild spinal stenosis. L3-4 had mild to moderate triangular narrowing of the spinal canal. L4-5 had mild to moderate narrowing of the central canal, and the radiologist read the stenosis as slightly greater on the right than on the left. There was moderate to severe right and moderate left neural foraminal narrowing. The L5-S1 had the laminectomy and a small generalized disc herniation or bulge contacting, but not displacing, the S1 nerve root. There was no central stenosis. There was narrowing of the left lateral recess and mild to moderate proximal left and mild right foraminal narrowing. The injured worker had complaints of pain with walking. He is able to walk about 1/2 mile and stand for an hour. Back pain was reported as a 3/10 and frequent with leg pain at a 4/10. There were complaints of left leg numbness. The examination revealed that strength was decreased in the left leg. It was 4/5 for the extensor Hallucis and tibialis anterior and hamstring. The peroneal was 4/5. Weakness was on the left side. Sensory was decreased in the L5 distribution on the left from the midcalf distally to the dorsum of the foot. Straight leg raise in the sitting position at 60 degrees was negative on the right and positive on the left. Medications were Nortriptyline 10 mg 3 times a day, gabapentin 300 mg 3 times a day and Ramipril 5 mg 1 a day. The treatment plan was for a CT myelogram.

The injured worker was recommended to have an L4-5 interlaminar decompression. The rationale and the Request for Authorization were not submitted for review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Magnetic Resonance Imaging of the Lumbar Spine with Contrast Under Myelographic Type Imaging Between 6/4/14/ and 7/19/14: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Online Chapter: Low Back-Lumbar and Thoracic - Myelography.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Myelography.

**Decision rationale:** The Official Disability Guidelines state that Myelography is not recommended except for selected indications. It is recommended for when MR imaging cannot be performed or in addition to an MRI. Myelography and CT Myelography are recommended if MRI is unavailable, contraindicated due to metallic foreign body or inconclusive. The criteria for Myelography and CT Myelography are the demonstration of a site of a cerebral spinal fluid leak (post lumbar puncture headache, post spinal surgery headache, rhinorrhea or otorrhea); or for surgical planning, especially in regards to the nerve roots as a myelogram can show whether surgical treatment is promising in a given case and, if it is, can help in planning surgery. Myelography is also recommended if radiation therapy is being planned, for tumors involving the bony spine, meninges, nerve roots or spinal cord. It can be used for diagnostic evaluation of spinal or basal cisternal disease, an infection involving the bony spine, intervertebral disc, meninges and surrounding soft tissue or inflammation of the arachnoid membrane that covers the spinal cord. Myelography is also recommended if there is poor correlation of physical findings with MRI studies. The use of Myelography is also recommended if MRI is precluded because of claustrophobia, technical issues (e.g., patient size), safety reasons (e.g., pacemaker), and surgical hardware. The injured worker had an MRI of the lumbar spine on 04/15/2013 and 01/29/2014. The request submitted does not meet the criteria set forth by the guidelines. Therefore, the request for Magnetic Resonance Imaging of the Lumbar Spine with Contrast Under Myelographic Type Imaging Between 6/4/14/ and 7/19/14 is not medically necessary.