

Case Number:	CM14-0140873		
Date Assigned:	09/10/2014	Date of Injury:	05/16/2004
Decision Date:	01/20/2015	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	09/02/2014

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 Family 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:

This is a 52 year old female patient who sustained a work related injury on 5/16/2007. The exact mechanism of injury was not specified in the records provided. The current diagnoses includes artificial disc replacement of L4-L5, s/p ant disc replacement L5-S1 and s/p cervical fusion at C5-6, C6-7; lumbosacral spondylosis without myelopathy; insomnia and depressive disorder. Per the doctor's note dated 7/30/14, patient has complaints of low back pain that radiates to lower extremity and left buttock and numbness in bilateral foot. Physical examination revealed decreased sensation in right L4, right L5 distributions, tenderness to palpation over the right paravertebral lumbar spasm, straight leg raise was positive at 60 degrees with sciatic pain on the left and was positive at 65 on the right, gait was antalgic, myospasm and myofascial trigger points with twitch response and referred pain to bilateral lumbar paraspinous and limited range of motion and 5/5 strength. The current medication lists include Oxycontin, Tramadol, Cyclobenzaprine, Lyrica, Oxycodone, Celebrex, Neurontin, and Naproxen. The patient has had EMG/NCV on 9/27/13 that revealed radiculopathy, mild acute right L5-S1 radiculopathy moderate acute left L5-S1 radiculopathy mild acute left L4-L5 radiculopathy; MRI of lumbar spine dated 12/11/13 that revealed discs graft placement at the L4-5 and L5-S1; CT of lumbar spine dated 4/16/09 that revealed nucleus pulposus at the levels of L3-L4 and L5-S1 without evidence of disc bulge or protrusion. The patient's surgical history includes s/p artificial disc replacement of L4-L5 on 3/11/08; anterior disc replacement L5-S1 on 8/30/11; cervical fusion at C5-6, C6-7 on 5/14/13. Patient had previous epidural steroid injections. The patient has had UDS on 03/25/14 that was consistent with prescribed medications, Dilaudid, Oxycontin, Tramadol, and Cyclobenzaprine. The patient has received an unspecified number of the physical therapy visits for this injury.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Work Loss Data Institute: Neck and Upper Back Myelography (Online)

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: ACOEM/MTUS state guideline does not specifically address this issue. Hence ODG used. As per cited guideline "CT myelogram: Not recommended except for selected indications below, when MR imaging cannot be performed, or in addition to MRI." The injured worker did not have any progressive neurological deficits that are specified in the records provided. Findings suggestive of or suspicious for tumor, infection, fracture, neuro compression, or other red flags were not specified in the records provided. Patient has received an unspecified number of physical therapy visits for this injury. Detailed response to previous conservative therapy was not specified in the records provided. Prior physical therapy visits notes were not specified in the records provided. The records submitted contain no accompanying current physical therapy evaluation for this patient. A plan for an invasive procedure of the lumbar spine was not specified in the records provided. The medical necessity of the request for Lumbar CT Myelogram is not fully established in this patient.

Follow-Up with Spine Specialist: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, IME and consultations

Decision rationale: Per the cited guidelines, "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." The patient has had EMG/NCV on 9/27/13 that revealed radiculopathy, mild acute right L5-S1 radiculopathy moderate acute left L5-S1 radiculopathy mild acute left L4-L5 radiculopathy; MRI of lumbar spine dated 12/11/13 that revealed discs graft placement at the L4-5 and L5-S1; CT of lumbar spine dated 4/16/09 that revealed nucleus pulposus at the levels of L3-L4 and L5-S1 without evidence of disc bulge or protrusion. The injured workers surgical history includes artificial disc replacement of L4-L5 on 3/11/08; anterior disc replacement L5-S1 on 8/30/11; cervical fusion at C5-6, C6-7 on 5/14/13. The injured worker had previous epidural steroid injections. There are psychosocial factors present including anxiety and depression. The patient is taking controlled

substances like Norco. This is a complex case. A Follow-Up with Spine Specialist is deemed medically appropriate and necessary.