

<b>Case Number:</b>	CM14-0193063		
<b>Date Assigned:</b>	11/24/2014	<b>Date of Injury:</b>	07/19/2008
<b>Decision Date:</b>	01/20/2015	<b>UR Denial Date:</b>	10/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2014

### 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 Occupational 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of July 19, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; earlier lumbar fusion surgery; unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated October 31, 2014, the claims administrator denied a request for a CT myelography of the lumbar spine. Non-MTUS Third Edition ACOEM Guidelines were invoked at the bottom of the report, although the claims administrator did not incorporate said guidelines into its report rationale. The claims administrator stated that it was denying the request on the grounds that the attending provider had failed to document what conservative treatment had transpired prior to the request. The claims administrator stated that its decision was based on an RFA form dated October 24, 2014 and associated progress note dated October 21, 2014. In an October 31, 2014 appeal letter, the attending provider noted that the applicant had failed multiple epidural steroid injections. The attending provider stated that the applicant had ongoing complaints of low back pain radiating into the right leg and that the applicant was now 11 months removed from reportedly failed lumbar spine surgery. CT myelography was apparently being sought for that purpose. In a progress note dated October 21, 2014, the applicant reported ongoing complaints of low back pain radiating into the bilateral lower extremities. The applicant had tried to lose weight but stated that this had failed to ameliorate her pain complaints. The applicant was using Levoxy, Wellbutrin, Lyrica, Advair, albuterol, omeprazole, and Valium. 4 to 4-5 right lower extremity strength was noted. The applicant was having difficulty walking on the right leg. The applicant was also status cervical spine surgery, the attending provider noted. The attending provider stated that CT myelography was needed on the grounds that the applicant had had previous MRI

imaging which did not show overt pathology and that he needed a CT myelogram to assess the integrity of the fusion hardware and/or determine whether or not the applicant might have any significant residual neurologic impingement. The applicant was placed off of work, on total temporary disability. The requesting provider was an orthopedic spine surgeon.

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

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

**CT myelogram of the lumbar spine:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Table 12-8, page 309.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-8, page 309, myelography or CT myelography are deemed "optional" for preoperative planning purposes in applicants in whom MRI imaging is unavailable. Here, the requesting provider stated that earlier MRI imaging was equivocal/non-diagnostic and that CT myelography would be preferable, given the applicant's indwelling lumbar fusion hardware. The applicant does, furthermore, have ongoing, seemingly heightened right lower extremity radicular complaints. The requesting provider is an orthopedic spine surgeon. Obtaining MRI imaging for what may very well be preoperative planning purposes is, thus, indicated here. Therefore, the request is medically necessary.