

<b>Case Number:</b>	CM15-0001810		
<b>Date Assigned:</b>	02/05/2015	<b>Date of Injury:</b>	11/08/2010
<b>Decision Date:</b>	03/27/2015	<b>UR Denial Date:</b>	12/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/05/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 (IW) is a 47-year-old male who sustained an industrial injury on 11/08/2010 while lifting. He had been deemed permanent and stationary from his orthopedic injury during an exam of 09/04/2012. Since then the IW has reported gradually increasing low back pain. Treatment to date includes a laminotomy, foraminotomy and discectomy in March of 2013 which relieved his radicular pain. The IW had trigger point injections of the left paralumbar musculature at L4-5 on 05/20/2014. A CT scan done on 07/11/2014 was consistent with foraminal stenosis at the L4-5 level, and an electromyogram and nerve conduction study on 08/21/2014 was consistent with ongoing de-nervation of the right L5 nerve root consistent with right sided L5 radiculopathy. He complained of difficulty standing, and difficulty lifting. The examination notes of 08/28/2014 reported that he had persistent pain that was increased by activity. Lifting or flexing and extending his lower back increased the pain. The IW reported that whenever he lifts up to 40 pounds, he experiences no pain, but lifting up to 50 pounds causes immediate pain in the lower back that takes several days to be controlled with rest and medication. Physical therapy was prescribed and the IW was to continue taking tramadol 50 mg every four hours as needed for pain, Flexeril 5mg at night to relieve muscle spasm, and Celebrex 200 to reduce inflammation. On 10/31/2014, the IW stated he felt a little better since beginning physical therapy, but would like to consult the physician prior to continuing more PT. The request for authorization received by UR on 11/26/2014, and the corresponding physician notes for the CT myelogram are not found in the available records. On 12/05/2014 Utilization Review non-certified a request for CT myelogram of lumbar spine, no red flags. The ACOEM

Guidelines, Chapter 12 Low Back Complaints was cited as were the Official Disability Guidelines, Low Back.

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

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

**CT myelogram of lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low back CT Myelogram

**Decision rationale:** The patient presents with pain affecting the lumbar spine. The current request is for CT Myelogram of Lumbar Spine. The treating physician states, based on the persistent pain that comes with lifting and driving, I have recommended to have a CT scan of the lumbosacral spine to understand the reason why the patient continues to complain of back pain and in spite of having flexion and extension views of the lumbosacral spine that demonstrates no evidence of instability. (122C) The ODG guidelines state that CT Myelograms are only authorized if, Demonstration of the site of a cerebrospinal fluid leak, surgical planning, especially in regard to the nerve roots, radiation therapy planning, diagnostic evaluation of spinal or basal cisternal disease, poor correlation of physical findings with MRI studies, and/or MRI was not performed due to claustrophobia, technical issues, safety reason or surgical hardware. In this case, the treating physician has not documented that the patient has had a fluid leak, scheduled surgery, radiation therapy, spinal disease, poor MRI studies, or is claustrophobic. The current request is not medically necessary and the recommendation is for denial.