

Case Number:	CM15-0002876		
Date Assigned:	01/08/2015	Date of Injury:	05/05/2014
Decision Date:	03/17/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	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

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:

This 45 year old male sustained a work related injury on 05/05/2014. On 10/17/2014, it was noted in a progress report that a MRI of the lumbar spine suggested mild disc protrusion and mild stenosis at the L3-L4 and L4-L5 level and that the likelihood of surgical intervention helping him was low. According to the provider, there could be more than just mild foraminal stenosis going on and because of that a request would be made for a CT and myelogram of the lumbar spine. According to a progress note dated 12/02/2014, the injured worker complained of increased low back pain that radiated into his right leg as of recent. According to the provider the injured worker appeared as though he was deteriorating and his symptoms were worsening. The provider noted that a CT myelogram of the lumbar spine would be ordered in order to better determine the next course of action in his treatment. On 12/11/2014, Utilization Review non-certified Lumbar CT/Myelogram. Guidelines cited for this review included CA MTUS ACOEM Low Back Complaints. According to the Utilization Review physician, there was no medical necessity for a CT myelogram per guidelines. There is no recommendation for or against myelography or CT myelography for preoperative planning if MRI is unavailable. The decision was appealed for an Independent Medical Review.

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: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

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 chapter, CT scans Low back chapter, lumbar myelogram

Decision rationale: The patient presents with unrated lower back pain which radiates into the right leg. Patient is status post L3-L4 lumbar ESI performed on 09/25/14. The request is for LUMBAR CT/MYELOGRAM. The RFA is dated 12/04/14. Physical examination dated 12/02/14 reveals tenderness to palpation and spasms of the bilateral lumbar paraspinal muscles, positive straight leg raise test on the right side. Motor examination reveals "give-way" weakness of the right ankle dorsiflexors, otherwise normal sensory and motor function bilaterally. The patient's current medication regimen is not specified. Diagnostic imaging included MRI of the lumbar spine dated 06/18/14, significant findings include: "L3-L4 central disc protrusion and mild degenerative changes resulting in mild to moderate canal stenosis. Mild bilateral foraminal stenosis at L3-4 and L4-5." Patient is currently disabled and not working. Regarding CT scans of the lumbar spine, ODG guidelines, low back chapter state: "Not recommended except for indications below for CT. Magnetic resonance imaging has largely replaced computed tomography scanning in the noninvasive evaluation of patients with painful myelopathy because of superior soft tissue resolution and multiplanar capability." Indications for imaging:- Thoracic spine trauma: equivocal or positive plain films, no neurological deficit- Thoracic spine trauma: with neurological deficit- Lumbar spine trauma: trauma, neurological deficit- Lumbar spine trauma: seat belt -chance- fracture- Myelopathy -neurological deficit related to the spinal cord-, traumatic- Myelopathy, infectious disease patient- Evaluate pars defect not identified on plain x-rays- Evaluate successful fusion if plain x-rays do not confirm fusion.Regarding lumbar myelogram, ODG Guidelines, low back chapter states: "myelography is not recommended except for selected indication such as cerebrospinal fluid leak, surgical planning, radiation therapy planning for tumors, evaluation of spinal or basal cisternal disease/infection, poor correlation with physical finding with MRI and if MRI cannot be tolerated/surgical hardware present."Per progress report dated 12/02/14, treater is requesting a lumbar CT and myelogram to evaluate this patient's continuing lower back pain and radiculopathy, though does not provide a reason for doing so other than "to better determine the next course of action". An MRI was performed on 06/18/14 showing discopathy at levels consistent with this patient symptoms, it is unclear why treater requires additional imaging. There is no discussion of recent trauma or pending surgical intervention which would warrant CT or myelogram. Therefore, this request IS NOT medically necessary.