

Case Number:	CM15-0139726		
Date Assigned:	07/29/2015	Date of Injury:	02/11/2010
Decision Date:	09/01/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/20/2015

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, North Carolina
 Certification(s)/Specialty: Family Practice

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 54 year old female who sustained an industrial injury on 2-11-10. Diagnoses are lumbar post-laminectomy syndrome, herniation of lumbar intervertebral disc with radiculopathy, history of lumbosacral spine surgery, back pain, history of lumbar spine surgery, and history of lumbar fusion. In a progress report dated 6-15-15, the treating physician notes the injured worker had microdiscectomy surgery in November 2011 which relieved most of her numbness and tingling in her right leg. Noted, is that she has had 12 physical therapy sessions, 6 water therapy sessions and an epidural and facet injection. The injured worker complains of bilateral low back pain and discomfort. Pain is rated at 9 out of 10 as an ache and radiates down the left leg. There is limited range of motion of the lumbar spine and tenderness of the paraspinals bilaterally. Seated leg raise is positive bilaterally. There is decreased sensation to sharp touch on the right big toe. Medication noted this visit is Tramadol. It is noted that she may need another surgery. Work status is to remain off work until 6-29-15. The requested treatment is for computed tomography myelogram, of the lumbar spine.

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: The Claims Administrator did not base their decision on the MTUS. 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 Official Disability Guidelines (ODG) Low back (myelograms).

Decision rationale: CA MTUS does not address this request. ODG supports myelograms in patients with previous surgical hardware. The provided documentation does not contain evidence that the patient's surgeon considers her to be a surgical candidate. The patient's PCM notes that the patient "may" be considered for replacement hardware however there is no confirmatory documentation from the surgeon. The patient appears stable and unchanged from previous exams with no indications of red flags or progressive neurologic deficits warranting imaging. Therefore the request is deemed not medically necessary or appropriate.