

Case Number:	CM15-0144076		
Date Assigned:	08/05/2015	Date of Injury:	10/27/2012
Decision Date:	09/02/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/24/2015

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: Utah, Arkansas

Certification(s)/Specialty: Family Practice, Sports Medicine

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 43 year old female, who sustained an industrial injury on 10-27-2012. The mechanism of injury is unknown. The injured worker was diagnosed as having lumbosacral radiculopathy and chronic pain. There is no record of a recent diagnostic study. Treatment to date has included therapy and medication management. In a progress note dated 4-20-2015, the injured worker complains of low back pain with radiation to the left lower extremity, rated 2 out of 10. Physical examination showed bilateral paraspinal tenderness. The treating physician is requesting a lumbar CT Myelogram with flexion/extension views.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT Myelogram with flexion/extension views: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) CT Myelography and Myelogram.

Decision rationale: MTUS treatment guidelines are silent with regards to the above request. Other guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for CT Myelogram. Guidelines state the following: Criteria included Surgical Planning. The documents state that the patient is a possible surgical candidate. According to the clinical documentation provided and current guidelines; CT Myelogram is indicated as a medical necessity to the patient at this time.