

Case Number:	CM15-0144308		
Date Assigned:	08/03/2015	Date of Injury:	05/27/1997
Decision Date:	09/04/2015	UR Denial Date:	07/14/2015
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: 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:

The injured worker is a 48-year-old male who sustained an industrial/work injury on 5-27-97. He reported an initial complaint of low back pain. The injured worker was diagnosed as having chronic low back pain, laminectomy and discectomy (L5-S1 in 1997, posterior fusion in 1998, lumbar nerve root decompression in 1999, removal of fusion hardware 2001, SCS (spinal cord stimulator) in 1-23-12) and major depressive disorder. Treatment to date includes medication, SCS (spinal cord stimulator), and diagnostics. Currently, the injured worker complained of low back pain that is frequent with burning sensation in the center of back extending into the right gluteal region. There is heaviness in the lower limbs. Per the primary physician's report (PR-2) on 7-9-15, exam notes use of right ankle foot orthosis, right ankle dorsiflexion of 3 out of 5, reduced reflex in left ankle and absent in right ankle. The requested treatments include Lumbar CT/myelogram.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar CT/myelogram: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back-Lumbar & Thoracic (Acute & Chronic), CT myelography.

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 under Myelogram.

Decision rationale: The 48-year-old patient complains of pain in the lower back extending into the right gluteal region along with heaviness in the lower limbs while walking, as per progress report dated 07/09/15. The request is for LUMBAR CT /MYELOGRAM. The RFA for this case is dated 07/09/15, and the patient's date of injury is 05/26/13. Diagnoses, as per progress report dated 07/09/15, included chronic low back pain and major depressive disorder. The patient is status post laminectomy and discectomy L5-S1 in 1997, status post posterior fusion at L5-S1 in 1998, status post lumbar nerve decompression in 1997, status post fusion hardware removal in 2001, and status post spinal cord stimulator implantation on 01/23/12. Current medications included Hydrocodone, Bupropion and Duloxetine. X-ray of the lumbar spine, dated 10/21/14 and documented in progress report dated 07/09/15, revealed posterior decompression and fusion at L5-S1 with normal disc height at other levels, and facet arthropathy at L2-3 through L4-5. The patient is at maximum medical improvement, as per the same progress report. 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." In this case, the patient suffers from chronic low back and the progress reports do not document prior CT myelogram. The current request is noted in progress report 07/09/15. The treater states that the purpose of the diagnostic test is to "assess the status of his fusion and his other disc levels, particularly his L4-L5 disc level, which is adjacent to his fused level." The report states that the patient's symptoms of spinal stenosis are gradually worsening. The treater also states that the patient is not a candidate for MRI due to his spinal cord stimulator. ODG guidelines support the use of myelograms in patients who cannot tolerate MRI due to surgical hardware. Hence, the request IS medically necessary.