

Case Number:	CM15-0148110		
Date Assigned:	08/11/2015	Date of Injury:	02/01/2001
Decision Date:	09/09/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/30/2015

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: Emergency 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 63-year-old male who sustained an industrial/work injury on 2-1-01. He reported an initial complaint of head, low back and radiating leg pain. The injured worker was diagnosed as having cervical spine herniated disc, cervical spine myofascial pain syndrome, rotator cuff tendinitis and dysfunction, lumbosacral spine myofascial pain syndrome, possibly herniated discs in the lumbosacral spine. Treatment to date includes medication. Currently, the injured worker complained of low back pain with radiation down both legs. Per the primary physician's report (PR-2) on 6-15-15, exam notes both shoulders compromised for abduction, right shoulder to 120 degrees, abduct the left shoulder to 160 degrees, normal internal and external rotation through the shoulder, and strength being 4 out of 5. The lumbosacral spine, neurologically intact, the pain begins in the back and radiates down both legs, the leg is relatively numb and extends to the feet. The requested treatments include Lumbar CT (computed tomography)/myelogram.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar CT (computed tomography)/myelogram: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG),

Treatment in Workers Compensation (TWC), 20th Edition, 2015 Updates: Low Back Chapter, Myelography.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304 and 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back: Myelography.

Decision rationale: As per ACOEM guidelines, CT myelography is noted to have the highest risk for complications and is an option if MRI is not available. For more detailed criteria, Official Disability Guidelines were reviewed. CT Myelography is only recommended in specific situations such as dural leak, specific infections and in cases where MRI cannot be utilized. It may be considered for pre-operative planning under certain situations. However, provider's progress note does not provide a valid indication for CT myelography. It merely notes that it was a recommendation and was required after review of MRI but it is unclear why that was the case. The lack of justification or rationale especially after an MRI was already done does not support need for CT myelography. Therefore, the request is not medically necessary.