

Case Number:	CM15-0149417		
Date Assigned:	08/12/2015	Date of Injury:	01/31/1983
Decision Date:	09/10/2015	UR Denial Date:	07/28/2015
Priority:	Standard	Application Received:	07/31/2015

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, Pain Management

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 69 year old male who sustained an industrial injury on 1-31-83 from a motor vehicle accident. He currently complains of low back pain (most severe) radiating to right leg with pins and needles in the foot; right and left leg pain. The pain intensity ranges from 6-8 out of 10, worse at night and has been ongoing for 31 years. On physical exam of the low back there was decreased range of motion and muscle spasms. Per 4-14-15 note the injured worker noted improved functionality and on 5-12-15 overall condition was worsening. Medications were oxycodone, Soma, Methadone, Lidoderm patch. Diagnoses include lumbar disc degeneration; low back pain, lumbar; lumbar radicular syndrome; status post lumbar surgery (4-2015) symptoms worse per 7-7-15 note; obesity; muscle spasms. Treatments to date include caudal epidural (6-19-15) with no benefit; medications; heat; ice; activity modification; medications; transforaminal epidural steroid injections with no benefit; physical therapy; unable to participate in home exercise program. Diagnostics include MRI of the cervical spine; MRI of the lumbar spine (5-20-15) showing improved post-operative changes when compared to previous MRI (3- 25-13), mild progressive degenerative changes, persistent signal intensity, intervertebral disc bulge, post-operative changes, multilevel facet arthropathy. In the progress note dated 7-13-15 the treating provider's plan of care included a request 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 the 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(ODG).

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

Decision rationale: Regarding the request for a lumbar myelography, MTUS states that myelography is optional for preoperative planning if MRI is unavailable. Official Disability Guidelines state that myelography is not recommended except for selected indications: Demonstration of the site of a cerebrospinal fluid leak (postlumbar puncture headache, postspinal surgery headache, rhinorrhea, or otorrhea); Surgical planning, especially in regard to the nerve roots; a myelogram can show whether surgical treatment is promising in a given case and, if it is, can help in planning surgery; Radiation therapy planning, for tumors involving the bony spine, meninges, nerve roots or spinal cord; Diagnostic evaluation of spinal or basal cisternal disease, and infection involving the bony spine, intervertebral discs, meninges and surrounding soft tissues, or inflammation of the arachnoid membrane that covers the spinal cord; Poor correlation of physical findings with MRI studies; or Use of MRI precluded because of claustrophobia, technical issues (e.g., patient size), safety reasons (e.g., pacemaker), or surgical hardware. Within the documentation available for review, none of the aforementioned criteria have been clearly met. In light of the above issues, the currently requested lumbar myelography is not medically necessary.