

Case Number:	CM15-0183928		
Date Assigned:	09/24/2015	Date of Injury:	12/28/2010
Decision Date:	11/19/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	09/18/2015

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 58 year old male, who sustained an industrial injury on 12-28-2010. The injured worker was diagnosed as having acquired spondylolisthesis, arthralgia of the pelvic region and thigh, lumbar spinal stenosis, disorders of sacrum, lumbar intervertebral disc disorder, and lumbar post-laminectomy syndrome. Treatment to date has included diagnostics, lumbar spinal surgery, injections, and medications. On 6-25-2015, the injured worker complained of recurrence and worsening of right sacroiliac joint pain and severe groin pain on the right with loss of motion of the right hip. Pain was rated 8 out of 10 and no leg weakness was noted. It was documented that Celebrex was ordered but not authorized. Exam of the lumbar spine noted inspection and palpation within normal limits, range of motion within normal limits, muscle strength 5 of 5 in all major muscle groups, and negative special tests for nerve root disease. Special testing of the hip and pelvis noted positive pain right sacroiliac joint with shear-thigh thrust, Faber test, lateral, compression test, and pain with Gaenslen. The treatment plan included computerized tomography myelogram of the lumbar spine with pre labs, to assess integrity of lumbar fusion L3-S1 and rule out stenosis around hardware-fusion sites. Currently (8-24-2015), the injured worker complains of persistent lumbar pain, forcing him to flex forward, minimal sciatic pain, difficulty standing or walking, and weakness in his legs when he walks. Medication use included Celebrex. It was documented that a sacroiliac joint injection helped his sacroiliac pain and was still working well. Exam of the lumbar spine noted inspection and palpation within normal limits, a reduction of physiologic lumbar lordosis, range of motion normal in flexion, extension and side bending, and strength 5 of 5 except 4 of 4 in left extensor

hallucis longus. Special testing of the hip and pelvis noted positive pain right sacroiliac joint with shear-thigh thrust, Faber test, lateral, compression test, and pain with Gaenslen. A computerized tomography myelogram was recommended to assess lumbar fusion and rule out stenosis at L3-S1 fusion levels. X-ray of the lumbar spine (1-2015) noted no significant change from 10-2014, noting redemonstration of mild disc height loss at T12-L1 and L1-2, redemonstration of signs of spinal rod placement of disc fusion from L3-S1, and no signs of hardware failure or pedicle screw loosening. A Notice of Utilization Review Decision, dated 7-22-2015, noted certification for the requested computerized tomography myelogram of the lumbar spine, pre PT/INR (prothrombin time), pre PTT (partial thromboplastin time), pre BUN (blood urea nitrogen), pre creatinine, and pre CBC (complete blood count) with differential. Per the request for authorization (dated 7-14-2015 and 9-08-2015), the treatment plan included computerized tomography with myelogram of the lumbar spine, pre PT/INR (prothrombin time), pre PTT (partial thromboplastin time), pre BUN (blood urea nitrogen), pre creatinine, and pre CBC (complete blood count) with differential. On 9-15-2015, Utilization Review non-certified the requested computerized tomography myelogram and pre laboratory testing. Notes indicate that a CT myelogram, and associated lab work was authorized on July 22, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated service: Pre-CT myelogram lab - PT/INR: 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 Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Myelography.

Decision rationale: Regarding the request for associated service: Pre-CT myelogram lab - PT/INR, 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, such as when MR imaging cannot be performed, or in addition to MRI. Myelography and CT Myelography is allowable if MRI is unavailable, contraindicated (e.g. metallic foreign body), or inconclusive. Invasive evaluation by means of myelography and computed tomography myelography may be supplemental when visualization of neural structures is required for surgical planning or other specific problem solving. Within the documentation available for review, there is no indication that the patient is in need of lumbar imaging and that MRI cannot be performed, nor is there any indication that the requesting physician is contemplating surgical intervention at the current time. Additionally, it appears that a CT myelogram and associated lab work was already authorized and it is unclear why a second study is being requested. Since the CT myelogram has not met the burden of medical necessity, the currently requested associated service: Pre-CT myelogram lab - PT/INR is not medically necessary.

CT Scan of the lumbar spine with 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).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. 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, such as when MR imaging cannot be performed, or in addition to MRI. Myelography and CT Myelography is allowable if MRI is unavailable, contraindicated (e.g. metallic foreign body), or inconclusive. Invasive evaluation by means of myelography and computed tomography myelography may be supplemental when visualization of neural structures is required for surgical planning or other specific problem solving. Within the documentation available for review, there is no indication that the patient is in need of lumbar imaging and that and MRI cannot be performed, nor is there any indication that the requesting physician is contemplating surgical intervention at the current time. Additionally, it appears that a CT myelogram and associated lab work was already authorized and it is unclear why a second study is being requested. In light of the above issues, the currently requested lumbar myelography is not medically necessary.

Associated service: Pre-CT myelogram lab - PTT: 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 Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Myelography.

Decision rationale: Regarding the request for associated service: Pre-CT myelogram lab - PTT, 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, such as when MR imaging cannot be performed, or in addition to MRI. Myelography and CT Myelography is allowable if MRI is unavailable, contraindicated (e.g. metallic foreign body), or inconclusive. Invasive evaluation by means of myelography and computed tomography myelography may be supplemental when visualization of neural structures is required for surgical planning or other specific problem solving. Within the documentation available for review, there is no indication that the patient is in need of lumbar imaging and that and MRI cannot be performed, nor is there any indication that the requesting physician is contemplating surgical intervention at the current time. Additionally, it appears that a CT myelogram and associated lab work was already authorized and it is unclear why a second study is being requested. Since the CT myelogram has not met the burden of medical necessity, the currently requested associated service: Pre-CT myelogram lab - PTT is not medically necessary.

Associated service: Pre-CT myelogram lab - BUN: 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 Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Myelography.

Decision rationale: Regarding the request for associated service: Pre-CT myelogram lab - BUN, 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, such as when MR imaging cannot be performed, or in addition to MRI. Myelography and CT Myelography is allowable if MRI is unavailable, contraindicated (e.g. metallic foreign body), or inconclusive. Invasive evaluation by means of myelography and computed tomography myelography may be supplemental when visualization of neural structures is required for surgical planning or other specific problem solving. Within the documentation available for review, there is no indication that the patient is in need of lumbar imaging and that and MRI cannot be performed, nor is there any indication that the requesting physician is contemplating surgical intervention at the current time. Additionally, it appears that a CT myelogram and associated lab work was already authorized and it is unclear why a second study is being requested. Since the CT myelogram has not met the burden of medical necessity, the currently requested associated service: Pre-CT myelogram lab - BUN is not medically necessary.

Associated service: Pre-CT myelogram lab - Creatinine: 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 Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Myelography.

Decision rationale: Regarding the request for associated service: Pre-CT myelogram lab - Creatinine, 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, such as when MR imaging cannot be performed, or in addition to MRI. Myelography and CT Myelography is allowable if MRI is unavailable, contraindicated (e.g. metallic foreign body), or inconclusive. Invasive evaluation by means of myelography and computed tomography myelography may be supplemental when visualization of neural structures is required for surgical planning or other specific problem solving. Within the documentation available for review, there is no indication that the patient is in need of lumbar

imaging and that and MRI cannot be performed, nor is there any indication that the requesting physician is contemplating surgical intervention at the current time. Additionally, it appears that a CT myelogram and associated lab work was already authorized and it is unclear why a second study is being requested. Since the CT myelogram has not met the burden of medical necessity, the currently requested associated service: Pre-CT myelogram lab - Creatinine is not medically necessary.

Associated service: Pre-CT myelogram lab - CBC with differential: 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 Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Myelography.

Decision rationale: Regarding the request for Associated service: Pre-CT myelogram lab - CBC with differential, 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, such as when MR imaging cannot be performed, or in addition to MRI. Myelography and CT Myelography is allowable if MRI is unavailable, contraindicated (e.g. metallic foreign body), or inconclusive. Invasive evaluation by means of myelography and computed tomography myelography may be supplemental when visualization of neural structures is required for surgical planning or other specific problem solving. Within the documentation available for review, there is no indication that the patient is in need of lumbar imaging and that and MRI cannot be performed, nor is there any indication that the requesting physician is contemplating surgical intervention at the current time. Additionally, it appears that a CT myelogram and associated lab work was already authorized and it is unclear why a second study is being requested. Since the CT myelogram has not met the burden of medical necessity, the currently requested associated service: Pre-CT myelogram lab - CBC with differential is not medically necessary.