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| <b>Case Number:</b>   | CM15-0185448 |                              |            |
| <b>Date Assigned:</b> | 09/25/2015   | <b>Date of Injury:</b>       | 06/08/2004 |
| <b>Decision Date:</b> | 11/06/2015   | <b>UR Denial Date:</b>       | 09/11/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/21/2015 |

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 56 year old male who sustained an industrial injury on 06-08-2004. Current diagnoses include chronic lumbar spine sprain-strain with radiculopathy, multi level disc protrusions and annular tears, mild to moderate degenerative osteoarthritis, status post anterior and posterior fusion on 05-30-2012, status post removal of hardware on 08-29-2014 with persistent pain, and bilateral sciatica with atrophy of the left thigh. Report dated 08-26-2015 did not include and subjective or objective findings. Pain level was not included. Previous treatments included medications, surgical interventions, and home exercise program. The treatment plan included requests for a CT myelogram for the lumbar spine and internal medicine consultation, and follow up as needed. Request for authorization dated 09-02-2015, included requests for a CT myelogram for the lumbar spine, and internal medicine consultation for gastritis, constipation, and rectal bleeding. The utilization review dated 09-11-2015, non-certified the request for CT myelogram lumbar.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CT myelogram of 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), Low Back, Myelography.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

**Decision rationale:** This 56 year old male has complained of low back pain since date of injury 6/8/2004. He has been treated with surgery and medications. The current request is for CT myelogram of the lumbar spine. Per the MTUS guideline cited above, imaging studies should be reserved for cases in which surgery is being considered or red flag diagnoses are being evaluated. There is no documentation in the available medical records that surgery is being considered in this patient or red flag diagnoses are being evaluated at the time of this request. On the basis of the available provider documentation and MTUS guidelines, CT myelogram of the lumbar spine is not indicated as medically necessary in this patient.