

Case Number:	CM15-0194073		
Date Assigned:	10/07/2015	Date of Injury:	09/06/1979
Decision Date:	11/20/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/02/2015

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: New York, Tennessee

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 75 year old male, who sustained an industrial-work injury on 9-6-79. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar degenerative disc disease (DDD), lumbar stenosis and lumbar radiculopathy. Medical records dated (9-29-14 to 8-31-15) indicate that the injured worker complains of continuous pain in the bilateral lower extremities (BLE) and back pain. The associated symptoms include numbness. The pain level is rated 8 out of 10 on the pain scale. The medical record dated 8-31-15 the physician indicates that the injured worker was seen almost a year ago and a myelogram and CAT scan were recommended but denied. The injured worker reports now that when he tries to walk a half a mile he has to stop multiple times and rest which is consistent with a potential stenotic type history. Treatment to date has included diagnostics, lumbar fusion, activity modifications, physical therapy and other modalities. Magnetic resonance imaging (MRI) of the lumbar spine dated 9-2-14 reveals foraminal narrowing at L2-3, degenerative disc disease (DDD), chronic annular osteophytic ridging causing foraminal narrowing. The request for authorization date was 9-15-15 and requested services included AP-LAT X-rays of the lumbar spine, 3D CAT scan of the lumbar spine, and 1 lumbar myelogram. The original Utilization review dated 9-22-15 non-certified the request for 1 AP-LAT X-ray of the lumbar spine, 3D CAT scan of the lumbar spine, and 1 lumbar myelogram.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 AP/LAT x-rays of the lumbar spine: Upheld

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

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

Decision rationale: Imaging of the lumbosacral spine is indicated in patients with unequivocal objective findings that identify specific nerve compromise on the neurologic examination who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. Further investigation is indicated in patients with history of tumor, infection, abdominal aneurysm, or other related serious conditions, who have positive findings on examination. In this case documentation in the medical record does not support the presence of red flags or progressive neurological deficit. There is no documentation of physiological evidence of nerve dysfunction. In addition the patient had MRI of the lumbar spine in September 2014. Medical necessity has not been established. The request is not medically necessary.

1 3D CAT scan of the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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- Lumbar & thoracic: Three-dimensional (3D) image rendering.

Decision rationale: Three dimensional image rendering is not recommended except in cases of severe acute trauma of the spine, for surgical planning. The test needs to be requested by the ordering physician and medically necessary and supported by clinical and laboratory findings. In these cases, the addition of 3D reconstruction may be requested for CT of the spine or for MRI of the spine. Only a high-energy force can cause spinal fracture-dislocation injuries, and such injuries should always be suspected in patients with polytrauma. The injury is usually accompanied by neurological symptoms. In this case there is no documentation of severe acute trauma of the spine. Medical necessity has not been established. The request is not medically necessary.

1 lumbar myelogram: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 - Lumbar & thoracic: Myelography.

Decision rationale: Myelography of the lumbar spine is not recommended except for selected indications below, when MR imaging cannot be performed, or in addition to MRI. Myelography and CT Myelography OK if MRI unavailable, contraindicated (e.g. metallic foreign body), or inconclusive. ODG Criteria for Myelography and CT Myelography: 1. Demonstration of the site of a cerebrospinal fluid leak (postlumbar puncture headache, postspinal surgery headache, rhinorrhea, or otorrhea). 2. 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. 3. Radiation therapy planning, for tumors involving the bony spine, meninges, nerve roots or spinal cord. 4. 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. 5. Poor correlation of physical findings with MRI studies. 6. Use of MRI precluded because of: a. Claustrophobia. b. Technical issues, e.g., patient size. c. Safety reasons, e.g., pacemaker. d. Surgical hardware. In this case there is no documentation that the patient cannot have MRI. There is no documentation that the patient has any of the indications as listed above. In addition there is no documentation of red flags or significant change in the patient's neurological examination. Medical necessity has not been established. The request is not medically necessary.