

<b>Case Number:</b>	CM15-0203983		
<b>Date Assigned:</b>	10/20/2015	<b>Date of Injury:</b>	04/26/2009
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	10/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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:

This injured worker is a 50 year old female who reported an industrial injury on 4-26-2009. Her diagnoses, and or impressions, were noted to include: cervical spine sprain-strain, right > left; "FBSS" post lumbar spine surgeries x 2 (May of 2010 and May of 2012); and illegible. No imaging studies were noted. Her treatments were noted to include: physical therapy; an orthopedic medical evaluation on 11-21-2013, with supplemental report on 6-11-2015, and an orthopedic medical-legal report on 8-17-2015; medication management; and rest from work. The progress notes of 9-8-2015 were hand written and difficult to decipher, but were noted to report: weakness in the bilateral lower extremities resulting in a fall in June; and moderate-severe pain. The objective findings were noted to include: positive bilateral straight leg raise, right > left along the lumbosacral distribution, and decreased bilateral lumbar spine sensation. The physician's requests for treatment were noted to include a request for CT myelogram of the lumbar spine to check for any loose hardware, status-post a fall due to bilateral lower extremity weakness. The Request for Authorization, dated 9-8-2015 (difficult to read), was noted to include: CT myelogram lumbar spine. The Utilization Review of 10-8-2015 non-certified the request for CT 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 lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.

**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 section, CT Myelography.

**Decision rationale:** Pursuant to the Official Disability Guidelines, CT myelogram lumbar spine is not medically necessary. Myelography is not recommended except for selected indications when MR imaging cannot be performed or in addition to MRIs. Myelography and CT myelography is acceptable if MRI is unavailable, contraindicated or inconclusive. The criteria are enumerated in the Official Disability Guidelines. In this case, the injured worker's working diagnoses are largely illegible according to the September 8, 2015 and written progress note. Date of injury is April 26, 2009. Request for authorization is October 1, 2015. The documentation indicates the injured worker has failed back surgery syndrome, post lumbar spine surgery times two discectomy and decompression of L5-S1 and revision of laminectomy, discectomy and decompression of right L5-S1 nerve root with instrumentation with post-operative development of post surgical room infection requiring hospitalization for IV antibiotic treatment, debridement procedure with delayed surgical room closure and postoperative residual including right greater than left lower extremity radiculitis. According to the September 8, 2015 progress note, subjective complaints include ongoing low back pain with radicular symptoms radiating to the bilateral lower extremities. There is weakness present. The documentation is otherwise largely illegible. Objectively, there is decreased range of motion, darting and spasm present. There is positive straight leg raising. There is no quantification of motor weakness. There are no plain radiographs of the lumbar spine. Based on the clinical information in the medical record (illegible documentation), peer-reviewed evidence-based guidelines, no quantification of muscle weakness, no qualification of range of motion and or neurologic deficit and no documentation with plain radiographs of the lumbar spine. CT myelogram lumbar spine is not medically necessary.