

<b>Case Number:</b>	CM15-0204759		
<b>Date Assigned:</b>	10/21/2015	<b>Date of Injury:</b>	07/12/2005
<b>Decision Date:</b>	12/03/2015	<b>UR Denial Date:</b>	09/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/19/2015

### 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: Montana, Oregon, Idaho  
Certification(s)/Specialty: Orthopedic Surgery

### 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 68 year old male, who sustained an industrial injury on 7-12-2005. The medical records indicate that the injured worker is undergoing treatment for degeneration of lumbar intervertebral disc, neurogenic claudication, and arthrodesis; status post L4-5 decompression-fusion. According to the progress report dated 9-10-2015, the injured worker presented with complaints of progressive symptoms of neurogenic claudication. The physical examination reveals that he is diffuse across the lumbosacral region, improving range of motion, and negative straight leg raise test bilaterally. The current medications are Norco. Previous diagnostic studies include CT scan of the lumbar spine (7-30-2013). Treatments to date include medication management and surgical intervention. Work status is described as temporary total disability. The original utilization review (9-17-2015) had non-certified a request for intrathecal contrast CT lumbar.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Intrathecal contrast CT lumbar:** 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.

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of CT myelogram of the lumbar spine. According to the ODG Low Back, Myelogram is indicated when MRI is not available, contraindicated, or inconclusive or CT myelogram is used as a supplement when visualization of neural structures is required for surgical planning or other specific problem solving. In this case, it is unclear why MRI is not indicated. According to the guidelines, MRI is the treatment of choice for imaging the lumbar spine and neural elements. There are no imaging reports documenting the presence of hardware, which may contradict the use of MRI. In fact, the clinical note from 7/9/15 indicates the injured worker had undergone hardware removal. In addition, there is no indication from the submitted documents that the injured worker has failed a course of conservative management to avoid surgery. Therefore, the request is not medically necessary.