MAXIMUS Federal Services

Case Number:	CM15-0021198		
Date Assigned:	02/06/2015	Date of Injury:	05/13/2014
Decision Date:	03/25/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	02/04/2015

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: Family Practice

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 47-year-old male, with a reported date of injury of 05/13/2014. The diagnoses include lumbar radiculopathy and lumbosacral spine sprain/strain. Treatments have included physical therapy, an MRI of the lumbar spine on 09/18/2014 showed multi-level mild degenerative disc disease, oral medications, and an x-ray of the lumbar spine which showed mild spondylosis and disc space narrowing at L5-S1. The progress report dated 01/05/2015 indicates that the injured worker complained of debilitating back pain with radiation to the leg. Objective findings were not indicated. The treating physician requested a computerized tomography (CT) of the lumbar spine to assist in clinical decision-making to evaluate other therapeutic methods. On 01/14/2015, Utilization Review (UR) denied the request for a CT myelogram of the lumbar spine, noting that there had been no new subjective complaints, signs, or objective neurological findings since the lumbar MRI. The Non-MTUS Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT myelogram of the 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- Lumbar & Thoracic

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: The MTUS/ACOEM Guidelines comment on the use of imaging modalities for the evaluation and management of low back complaints. Table 12-8 provides a summary of recommendations for the evaluation and management of low back complaints. In this table there are specific comments regarding the utility of CT myelography for the lumbar spine. Specifically, CT myelography is only recommended for preoperative planning when MRI is unavailable. MRI of the lumbar spine remains the imaging modality of choice. In this case the patient has a documented MRI of the lumbar spine done in September of 2014. There is insufficient documentation provided that there has been a significant change in symptoms since this study was performed. There are no documented red flag signs, per the above cited guidelines, that support the need for reimaging. It is not stated whether the intent of CT myelography is as a preoperative assessment and that MRI imaging cannot be performed in this patient. For these reasons, a CT myelogram of the lumbar spine is not considered as medically necessary.