

<b>Case Number:</b>	CM15-0028952		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	03/11/2011
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	01/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/17/2015

### 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 injury on March 11, 2011. The diagnoses have included lumbar strain with bilateral radiculitis, right knee internal derangement and right Achilles tendinitis. Treatment to date has included epidural steroid injections, surgical intervention, medications, and diagnostic studies. Currently, the injured worker complains of continued mid/low back pain which he rated a 3-10 on a 10 point scale. On examination, he had restriction in flexion at 50 degrees and noted pain at the end of the range of motion. He had tenderness to palpation in the lumbar paraspinal muscles and mild to moderate lumbar myospasm. His straight leg raise was positive on the right. On January 28, 2015 Utilization Review non-certified a request for CT myelogram lumbar spine, noting that there was no documentation of a cerebrospinal fluid leak, tumor, infection, inflammation of the spinal cord, bony spine or meninges which would substantiate a lumbar CT myelogram. In addition there was no documented recent comprehensive physical examination including a neurological evaluation to support the request. The California Medical Treatment Utilization Schedule, Official Disability Guidelines and the ACOEM were cited. On February 17, 2015, the injured worker submitted an application for IMR for review of CT myelogram 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 ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment in Workers' Compensation, Online Edition, Chapter Low Back - Lumbar & Thoracic (Acute & Chronic), Myelography, Criteria for Myelography and CT Myelography.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Lower Back- Lumbar & Thoracic, Myelography.

**Decision rationale:** Myelography and CT Myelography are okay if MRI unavailable, contraindicated (e.g. metallic foreign body), or inconclusive. ODG Criteria for Myelography and CT Myelography are as follows 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 the patient has had MRI is not precluded. There is no documentation of possible CSF leak, no radiation planning, and no surgical planning. There are no focal neurologic deficits documented. MRI of the lumbar spine does not have poor correlation with physical findings. CT myelogram of the lumbar spine is not indicated. The request should not be authorized.