

Case Number:	CM15-0211389		
Date Assigned:	10/30/2015	Date of Injury:	06/02/2002
Decision Date:	12/14/2015	UR Denial Date:	10/22/2015
Priority:	Standard	Application Received:	10/27/2015

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: Pennsylvania
 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 70 year old male who sustained an industrial injury on 6-2-02. A review of the medical records indicates he is undergoing treatment for cervicalgia, lumbago, annular tear of cervical disc, annular tear of thoracic disc, and lumbar post-laminectomy syndrome. Medical records (6-18-15, 7-27-15, and 8-7-15) indicate complaints of neck and shoulder pain, left arm pain, low back pain, and left leg pain. The physical exam (7-27-15) reveals limited cervical range of motion. Pain is noted with movement. Tenderness is noted of the Trapezius and Rhomboid muscles. The injured worker is noted to be wearing a neck brace. He is status post fusion of C4-7. Lumbar range of motion is noted to be limited. The straight leg raise is positive on the left, which refers to the back. Pain is noted with movement. Tenderness is noted of the lumbar paravertebral muscles. Spinous tenderness is present. Motor strength is "5 out of 5" in upper and lower extremities bilaterally. Diagnostic studies have included an MRI of the lumbar spine and a CT scan of the thoracic spine. Treatment has included medications, a left transforaminal epidural steroid injection at L4-5, and a spinal cord stimulator. Treatment recommendations include EMG-NCV studies of bilateral upper and lower extremities, CT myelograms of the cervical, thoracic, and lumbar spine, and blood work prior to procedures. The utilization review (10-22-15) includes requests for authorization of CT myelogram of cervical spine, CT myelogram of lumbar spine, and CT myelogram labs. The CT myelogram of the cervical spine was authorized. The CT myelogram of the lumbar spine was denied. Partial certification is noted for CT myelogram labs to include PT-PTT, platelet count, BUN, and Creatinine.

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, Section(s): Special Studies.

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/myelography.

Decision rationale: According to the progress note of 8/7/2015, CT myelography is being requested for lumbar post laminectomy syndrome. The 8/29/15 progress note states he "has been reporting lumbar pain. MRI lumbar on 7/7/13 showed surgical changes and hardware L3-4, L4-5, disc bulge at L5-S1 with encroachment." He had limited ROM of the lumbar spine, positive left straight leg raise, pain with movement in the paravertebral muscles and spinous tenderness. He had 5/5 strength in the extremities. It is not clear from the progress notes that signs or symptoms have changed significantly since his previous laminectomy in 2008 or the MRI in 2013. There is no indication that surgery is being planned. According to the ODG, myelography 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." The ODG list the following criteria for myelography and CT myelography: 1. Demonstration of the site of a cerebrospinal fluid leak (post lumbar puncture headache, post spinal 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. The medical documentation does not indicate that this worker meets the criteria for CT myelography of the lumbar spine.

CT myelogram labs: 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), preoperative testing.

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/Preoperative lab testing and Other Medical Treatment Guidelines
http://my.clevelandclinic.org/health/diseases_conditions/hic_Myelography.

Decision rationale: According to the progress note of 8/7/15, the requested labs include PT, PTT, blood count, platelet, hematocrit, and creatine. Neither the MTUS nor the ODG specifically discuss lab testing prior to CT myelography but the ODG does discuss pre-operative lab testing. The ODG provides the following criteria for pre-operative lab testing: Preoperative urinalysis is recommended for patients undergoing invasive urologic procedures and those undergoing implantation of foreign material. Electrolyte and creatinine testing should be performed in patients with underlying chronic disease and those taking medications that predispose them to electrolyte abnormalities or renal failure. Random glucose testing should be performed in patients at high risk of undiagnosed diabetes mellitus. In patients with diagnosed diabetes, A1C testing is recommended only if the result would change perioperative management. A complete blood count is indicated for patients with diseases that increase the risk of anemia or patients in whom significant perioperative blood loss is anticipated. Coagulation studies are reserved for patients with a history of bleeding or medical conditions that predispose them to bleeding, and for those taking anticoagulants. According to [REDACTED], "No lab work is required before the myelogram unless you have a history of bleeding problems or a condition such as liver disease or kidney failure." There are no diagnoses of chronic disease, medications, or risk factors included in the progress notes to justify the requested tests.