MAXIMUS Federal Services

Case Number:	CM15-0033755		
Date Assigned:	02/27/2015	Date of Injury:	07/17/2014
Decision Date:	04/10/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/23/2015

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 44 year old male, who sustained an industrial injury on 7/17/14. He has reported pain in the right hand related to a crushing injury. The diagnoses have included lumbago, lumbar facet syndrome and lumbar radiculopathy. Treatment to date has included physical therapy and oral medications. On 12/22/14, the injured worker reported 7/10 pain in right hand and decreased sensation. As of the progress report dated 1/5/15, the injured worker reports no change in pain level but, has radiating pain down left leg. Examination was positive for positive straight leg raise bilaterally, positive facet loading, positive Patrick's and decreased sensation light touch left lower extremity. He was diagnosed with lumbago, lumbar radiculopathy and lumbar facet dysfunction. The treating physician requested lumbar epidural steroid injection and myelography of the lumbar spine. On 1/28/15, Utilization Review non-certified a request for a myelography of the lumbar spine. The utilization review physician cited no documented medical necessity. On 2/4/15, the injured worker submitted an application for IMR for review of a myelography of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Myelography of the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Myelograph.

Decision rationale: According to ACOEM guidelines, imaging of the low back should be reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. Red flags consist of fracture, tumor, infection, cauda equina syndrome/saddle anesthesia, progressive neurologic deficit, dissecting abdominal aortic aneurysm, renal colic, retrocecal appendix, pelvic inflammatory disease, and urinary tract infection with corresponding medical history and examination findings. According to ODG, criteria for Myelography and CT Myelography consist of: 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 medical records do not establish that the injured worker is an appropriate candidate for lumbar spine myelograph. He has presented with low back pain with left lower extremity radiation, and physical examination findings of positive straight leg raise, positive Patrick's and facet loading, and decreased sensations in the left lower extremity do not support the medical necessity for the requested imaging. The request for Myelography of the lumbar spine is not medically necessary.