

Case Number:	CM15-0038466		
Date Assigned:	03/09/2015	Date of Injury:	03/03/2000
Decision Date:	04/10/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	03/02/2015

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: Arizona, 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 female, who sustained an industrial injury on 3/3/00. She has reported back and wrist injury. The diagnoses have included low back pain with radicular symptomatology superimposed on L5-S1 degenerative disc disease, lumbar facet joint syndrome at L4-5 and L5-S1 and left shoulder impingement. Treatment to date has included lumbar fusion on 4/24/13, Oxycodone 5mg twice per day. (MRI) magnetic resonance imaging of lumbar spine performed on 10/30/12 revealed disc desiccations at L5-S1 and small posterior protruding disc at L5-S1. Currently, the injured worker complains of ongoing low back and right wrist pain. Progress note dated 12/10/14 noted she is doing well on oxycodone twice a day. Physical exam noted ongoing tenderness to the lumbar paraspinal muscles bilaterally with decreased range of motion on all planes. The physician had requested a CT of the lumbar spine and a CT myelogram of the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT of the lumbar spine without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

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

Decision rationale: According to the ACOEM guidelines, a CT of the lumbar spine is recommended for red flag symptoms such as cauda equina, tumor, infection, or uncertain neurological diagnoses not determined or equivocal on physical exam. There were no red flag symptoms. There was no plan for surgery. The claimant had an MRI of the lumbar spine in 2012, which showed disc desiccation at L5-S1. There were no new injuries. The request for a CT of the lumbar spine is not medically necessary.

CT myelogram of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182. Decision based on Non-MTUS Citation ODG- neck chapter and Myelogram pg 37.

Decision rationale: According to the ACOEM guidelines, a CT of the cervical spine is recommended for red flag symptoms such as tumor, infection, trauma, etc. According to the ODG guidelines, a Myelogram is not recommended except for the following criteria: 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, there was no mention of a CSF leak, radiation therapy or surgical planning. As a result, the request for a Myelogram is not medically necessary.