

<b>Case Number:</b>	CM15-0039385		
<b>Date Assigned:</b>	03/09/2015	<b>Date of Injury:</b>	11/05/2010
<b>Decision Date:</b>	04/21/2015	<b>UR Denial Date:</b>	02/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: California, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 45 year old male, who sustained an industrial injury on November 5, 2010. He reported low back pain. The injured worker was diagnosed as having post lumbar fusion, left leg pain and neuropathy, left cervical facet pain, headaches, bilateral sacroiliac joint pain and depression. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention of the lumbar spine, conservative treatment modalities, pain injections, pain medications and work restrictions. Currently, the injured worker complains of headaches, low back pain post fusion with leg pain, weakness, numbness and burning with associated neck pain and bilateral arm pain with numbness. The injured worker reported an industrial injury in 2010, resulting in the above noted pain. He has been treated conservatively and surgically without complete resolution of the pain. Evaluation on November 6, 2014, revealed continued complaints as noted above. He reported using a cane to ambulate. He reported he felt his posture had improved since surgery however the pain was persistent. He was not interested in additional surgical intervention at this time. Evaluation on February 17, 2015, revealed continued headaches and neck pain. Physical therapy and pain medications were requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar CT Myelogram:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**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, computed tomography.

**Decision rationale:** The attached medical record indicates that the injured employee still has pain after previous lumbar spine surgery. A recent note dated November 6, 2014 includes complaints of continued pain however the injured employee stated he did not want to pursue additional surgery. The official disability guidelines indicates that a CT myelogram is indicated for identifying cerebrospinal fluid leaks, radiation therapy planning, cisternal disease, or surgical planning. The injured employee does not have any of these issues nor is there any planning for radiation therapy or surgery. Considering the presurgical nature of a CT myelogram any injured employee's desires, this request for lumbar CT myelogram is not medically necessary at this time.