

<b>Case Number:</b>	CM15-0048665		
<b>Date Assigned:</b>	03/20/2015	<b>Date of Injury:</b>	12/25/2011
<b>Decision Date:</b>	08/18/2015	<b>UR Denial Date:</b>	02/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/16/2015

### 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, Pennsylvania, Washington  
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 57 year old male patient who sustained an industrial injury on 12/25/2011. A request was made on 12/10/2014 for the patient to undergo a myelogram of both thoracic and lumbar spine under the diagnosis of back pain, upper persisting 6 weeks. A follow up visit dated 12/19/2014 reported the patient continuing to experience significant pain particularly in the lower extremities. The patient's surgical history consists of: L4-S1 spinal fusion; spinal cord stimulator implantation; L3-4 revision decompression with fusion. Current medications are: Lyrica, Norco 10/325mg, and Ibuprofen 800mg. Objective assessment found the patient somewhat hyper-reflexic. A family group medical follow up dated 12/29/2014 reported current subjective complaint as with significant pain in left lower extremity all the way to the knee, skips calf then crushing pain in the foot. He is not using the stimulator at this time. There is no weakness up examination; or motor deficits of bilateral lower extremities. There is noted diminished sensation to bilateral feet and left lateral thigh. He is diagnosed with: sciatica, and osteoarthritis of the lumbar spine. The PCP is also agrees to obtain a myelogram. Back at a PCP visit on 08/06/2014 noted the patient not using the stimulator. The patient is found still taking Ibuprofen; rarely Flexeril. Still takes Hydrocodone 6 daily is needed to help with the "burning feet pains, buttocks, and back of thighs." Of note, Ibuprofen was added to medication regimen 06/16/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar and Thoracic Myelography: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Lumbar & Thoracic (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 165-193 and 287-310.

**Decision rationale:** The request in this injured worker with chronic pain is for a myelogram of the thoracic and lumbar spine. The records document a physical exam with decreased sensation but no motor deficits or lower extremity weakness and no red flags or indications for immediate referral or imaging. In the absence of physical exam evidence of red flags, a myelogram of the thoracic and lumbar spine is not medically necessary.

**Computed Tomography, Lumbar Spine, with contrast material: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Lumbar & Thoracic (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-310.

**Decision rationale:** The request in this injured worker with chronic pain is for a Computed Tomography, Lumbar Spine, with contrast material. The records document a physical exam with decreased sensation but no motor deficits or lower extremity weakness and no red flags or indications for immediate referral or imaging. In the absence of physical exam evidence of red flags, a Computed Tomography, Lumbar Spine, with contrast material is not medically necessary.

**Computed Tomography, Thoracic Spine, with contrast material: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Lumbar & Thoracic (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-193.

**Decision rationale:** The request in this injured worker with chronic pain is for a Computed Tomography, Thoracic Spine, with contrast material. The records document a physical exam with decreased sensation but no motor deficits or lower extremity weakness and no red flags or indications for immediate referral or imaging. In the absence of physical exam evidence of red

flags, a Computed Tomography, Thoracic Spine, with contrast material is not medically necessary.

**Examination of spine using radiology, lumbosacral, four or more views:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Lumbar & Thoracic (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-310.

**Decision rationale:** The request in this injured worker with chronic pain is for a Examination of spine using radiology, lumbosacral, four or more views. The records document a physical exam with decreased sensation but no motor deficits or lower extremity weakness and no red flags or indications for immediate referral or imaging. In the absence of physical exam evidence of red flags, an examination of spine using radiology, lumbosacral, four or more views is not medically necessary.