

Case Number:	CM15-0060832		
Date Assigned:	04/07/2015	Date of Injury:	05/17/1993
Decision Date:	05/06/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	03/31/2015

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: North Carolina
 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(n) 71-year-old female, who sustained an industrial injury on 5/17/93. The injured worker was diagnosed as having lower back pain with lower extremity symptoms. Treatment to date has included a spinal cord stimulator, lumbar fusion, epidural injections and pain medications. As of the PR2 dated 11/17/114, the injured worker reports a painful bolt in her lower spine. This will be removed in surgery and a spinal cord stimulator will be placed. The treating physician noted the injured worker had difficulty standing upright and uses a walker for ambulation. The treating physician requested a CT myelogram of the thoracic spine, a CT myelogram of the lumbar spine and an x-ray of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) CT myelogram of the thoracic spine: 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), Neck and Upper Back (Acute & Chronic) Criteria for Myelography and CT Myelography.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, myelogram.

Decision rationale: The ACOEM and California MTUS do not specifically address the requested service. The ODG chapter on myelograms states: Recommended for preoperative planning, to demonstrate the location of a spinal cord comorbidity for which radiation is being planned or to evaluate inflammation of the arachnoid membranes or any infection involving the spine or surrounding tissue. It may be considered when MRI is contraindicated based on the presence of implantable equipment. In this case, there is implantable equipment so an MRI would not be possible. However, the criteria for thoracic MRI as defined in the ACOEM have not been met. Therefore, since MRI would not be indicated, the alternative CT myelogram would not be medically necessary.

One (1) CT myelogram of the lumbar spine: 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), Neck and Upper Back (Acute & Chronic) Criteria for Myelography and CT Myelography.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, myelogram.

Decision rationale: The ACOEM and California MTUS do not specifically address the requested service. The ODG chapter on myelograms states: Recommended for preoperative planning, to demonstrate the location of a spinal cord comorbidity for which radiation is being planned or to evaluate inflammation of the arachnoid membranes or any infection involving the spine or surrounding tissue. It may be considered when MRI is contraindicated based on the presence of implantable equipment. In this case, there is implantable equipment so an MRI would not be possible. However, the criteria for lumbar MRI as defined in the ACOEM have not been met. Therefore, since MRI would not be indicated, the alternative CT myelogram would not be medically necessary.

One (1) x-ray of lumbar spine: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: The ACOEM chapter on low back pain and x-rays states: Lumbar spine x rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks. However, it may be appropriate when the physician believes it would aid in patient management. The clinical documentation provided supports the need for x-rays in the management of this patient and therefore it is medically necessary.

