

Case Number:	CM15-0086499		
Date Assigned:	05/08/2015	Date of Injury:	03/22/2002
Decision Date:	06/09/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/05/2015

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: Connecticut, California, Virginia
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 50-year-old female who sustained a work related injury March 22, 2002. According to a secondary treating physician's progress report, dated March 25, 2015, the injured worker presented with a sudden onset of low back pain. She has been experiencing pain for more than ten years. The pain is described as intermittent, deep, stabbing, and throbbing with intermittent numbing and a pins and needles sensation. The pain radiates to the bilateral lower extremity and is rated 4/10. She reports that without her SCS (spinal cord stimulator), her pain would reach 10/10 and she would not be able to perform her activities of daily living. There is a recent history of falls (not specified) and she uses a cane as an assisted device. Diagnoses are documented as post-laminectomy syndrome, lumbar region; unspecified backache; opioid type dependence continuous; esophageal reflux; lumbosacral spondylosis without myelopathy. Treatment plan included continue medication, meeting and education/training with the [REDACTED] rep on how to charge the stimulator, and request for authorization for a CT Myelogram of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT Myelogram of the Lumbar Spine Qty 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. 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): 303-304.

Decision rationale: The MTUS discusses recommendations for imaging in unequivocal findings of specific nerve compromise on physical exam, in patients who do not respond to treatment, and who would consider surgery an option. In this case, it appears a CT scan of the thoracolumbar spine was approved in April 2015, but utilization review denied the requested CT myelogram because evidence of completion of the prior approved study was not provided, nor was reasoning requiring myelogram. The provided documents show the CT scan of the thoracolumbar spine was performed on April 14, 2015, however, no further documentation describing need for myelogram is provided. Therefore, the request for CT myelogram at this time cannot be considered medically necessary per the guidelines and provided records as no clinical interpretation of the recent CT scan is provided to support the request for further imaging. This request is not medically necessary.