

Case Number:	CM13-0039921		
Date Assigned:	12/20/2013	Date of Injury:	10/31/2011
Decision Date:	02/20/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/28/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 48-year-old gentleman who sustained an injury to the low back on 10/31/11. Clinical records for review included a 07/31/13 assessment by [REDACTED], that documented a chief complaint of low back pain with bilateral leg pain, right greater than left. Physical examination showed +2 paraspinal muscle spasm with tenderness to palpation, restricted range of motion, and equal and symmetrical reflexes. Electrodiagnostic studies reviewed from November 2012 were consistent with an acute right L5 radiculopathy. It was documented that a prior MRI scan was performed on 12/13/12 that showed broad based disc bulge at L5-S1 with a 4 millimeter right paracentral protrusion resulting in a displacement of the exiting right S1 nerve root. At present, there is a request for a CT myelogram of the lumbar spine for further diagnostic interpretation.

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: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Official Disability

Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates, Low Back Procedure - Myelography.

Decision rationale: California MTUS Guidelines are silent. When looking at Official Disability Guidelines criteria, a myelogram would not be indicated. ODG Guidelines support that a Myelogram is not recommended, except in selected indications with MR imaging cannot be performed. Records in this case indicate a clear documentation of the claimant's current diagnosis, given the prior electrodiagnostic studies and MR imaging available for review. It is unclear at present as to what a CT myelogram would add to the claimant's current course of care or advancement of his treatment options at present.