

<b>Case Number:</b>	CM14-0115186		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	09/22/2012
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	07/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Texas and Oklahoma. 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/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 injured worker is a 51-year-old male who reported an injury on 09/22/2012. The mechanism of injury was not stated. Current diagnoses include lumbar spine radiculopathy, lumbar spondylosis, and lumbar stenosis. The injured worker was evaluated on 01/20/2014. The injured worker reported persistent lower back pain with radiation into the bilateral lower extremities. Physical examination revealed normal motor strength, intact sensation, positive straight leg raising, tenderness to palpation, and restricted lumbar range of motion. Treatment recommendations included an appeal request for a CT myelogram and a surgical consultation.

### 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:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers Compensation, Low Back Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Myelography.

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state if physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant in the selection of an imaging test. The Official Disability Guidelines state CT myelography may be indicated for demonstration of the site of a cerebrospinal fluid leak, surgical planning, radiation therapy planning, diagnostic evaluation of spinal or basal cisternal disease, or correlation of physical findings on MRI studies, or contraindications to an MRI. The injured worker does not meet any of the above-mentioned criteria. There is no indication of a cerebrospinal fluid leak or basal cisternal disease. There is no indication that this injured worker is scheduled to undergo a surgical procedure. The injured worker is pending authorization for a spine surgery consultation. There is also no documentation of any contraindications to a traditional MRI. As the medical necessity has not been established, the request for CT Myelogram of the lumbar spine is not medically necessary.