

Case Number:	CM14-0146999		
Date Assigned:	09/15/2014	Date of Injury:	01/09/2014
Decision Date:	10/15/2014	UR Denial Date:	08/30/2014
Priority:	Standard	Application Received:	09/10/2014

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 Occupational Medicine 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 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:

Patient is a 43-year-old male who has submitted a claim for chronic low back pain and lumbar radiculopathy associated with an industrial injury date of 01/09/2014. Medical records from 2014 were reviewed and showed that the patient complained of low back pain, rated at 7 out of 10. Physical examination revealed decreased range of motion for the lumbar spine. MRI of the lumbar spine, dated 02/18/2014, showed congenitally narrowed canal, disc desiccation, disc bulging at L2-L3, disc protrusion at L4-L5 and disc bulging at L5-S1. Treatment to date has included physical therapy and oral medications. Utilization review dated 08/30/2014 denied the request for Myelography because it is unclear why this testing has been ordered and is therefore not supported as being medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT Myelography for L-S spine (Lower Back): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 336-337.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 336-337.

Decision rationale: CA MTUS ACOEM Guidelines state that CT myelography has insufficient evidence to support use but would recommend its use "for uncommon specific situations". In this case, there is no documentation of an uncommon specific situation that would warrant the use of CT myelography. The medical records submitted did not show any documentation of complaints of radicular pain nor did the physical examinations show signs of radiculopathy. It is unclear why CT myelography has been ordered. The medical necessity was not established. Therefore, the request for CT Myelography for L-S spine (Lower Back) is not medically necessary.