

Case Number:	CM14-0080046		
Date Assigned:	07/18/2014	Date of Injury:	04/30/1990
Decision Date:	09/24/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/30/2014

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 Anesthesiology, has a subspecialty in Pain 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:

The injured worker is a 68 year old male who sustained injuries to his low back on 04/30/1990. It is reported on this date he slipped and fell sustaining an injury to his low back. The injured worker subsequently is noted to have undergone multiple surgical interventions to include lumbar surgery in 1996, cervical surgery in 1992 and later undergoing permanent implantation of a spinal cord stimulator on 07/05/11. Post-operatively the injured worker continues to have low back pain with complaints of radiation to the left leg and foot. The injured worker reports his pain levels to be 4/10. The record reflects a period in which the injured worker wished to be weaned from medications which resulted in an increase in his lower extremity pain. The injured worker has an extensive medication profile. He is noted to have a co-morbid history of coronary artery disease status post stenting. The injured worker is noted to have hypertension, hyperlipidemia, asthma and hypogonadism, atrial fibrillation and a history of pneumonia and rheumatic fever x 5. On physical examination he is noted to have no sensation on the plantar aspect of all toes. Motor strength is graded as 5/5. Vibration sensation is reduced. The record contains a utilization review determination dated 04/28/14 in which a request for computed tomography myelogram of the lumbar spine was non-certified.

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 (Repeat): 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): Low Back Chapter - Myelography, Criteria for Myelography and CT Myelography.

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

Decision rationale: The request for computed tomography myelogram of the lumbar spine is not supported as medically necessary. The submitted clinical records indicate that the injured worker is stable. His pain levels are graded as 4/10. There is no indication of an acute exacerbation or progressive neurologic deficit which would warrant the performance of computed tomography myelography. As such, the medical necessity of this request has not been established.