

<b>Case Number:</b>	CM14-0094069		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	04/12/2001
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	05/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/20/2014

### 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 Nevada. 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 36 year-old female who was reportedly injured on 4/12/2001. The mechanism of injury is not listed. The most recent progress note dated 2/10/2 of 14. Indicates that there are ongoing complaints of chronic low back pain. The physical examination demonstrated lumbar spine: low back pain with tenderness in the lumbar paraspinal processes and spasms and the paraspinal muscles. Limited range of motion and flexion, extension, lateral bending in rotation with stiffness. No recent diagnostic studies are available for review. Previous treatment includes previous lumbar surgery, medications, and conservative treatment. A request had been made for computed tomography myelogram of the lumbar spine and was not certified in the pre-authorization process on 5/23/2014.11988

### 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.

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

**Decision rationale:** Official Disability Guidelines state the following criteria to be placed in order to order a computed tomography scanned with contrast. Inability to utilize a magnetic resonance image (MRI) scan. Demonstration of the site of the cerebrospinal fluid leak leak. Surgical planning, especially in regards nerve roots, a myelogram can show whether surgical treatment is promising in a given case and if it is healthy and planning surgery. Radiation therapy planning for tumors involving the bony spine, meninges, nerve roots or spinal cord. Diagnostic evaluation of spine , or infection involving the bony spine, vertebral disc, meninges, and surrounding soft tissues or inflammation of the arachnoid membrane that covers spinal cord. Poor correlation of physical findings with MRI studies. After review the medical documentation provided there was insufficient documentation from the treating physician to justify this diagnostic study. Request is deemed not medically necessary.