

Case Number:	CM13-0069888		
Date Assigned:	01/03/2014	Date of Injury:	09/21/2000
Decision Date:	09/10/2015	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/23/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 year old female, who sustained an industrial injury on 09-21-2000. On provider visit dated 11-12-2013 the injured worker has reported neck discomfort and back pain that radiates to buttocks, posterior thigh and calf into her heel. The injured worker was noted to have undergone an L4-L5 artificial disk replacement and L3 -S1 fusion, as well as history of having a cervical fusion. On examination the cervical spine was noted to have a reduced range of motion. Lumbar spine was noted to have a reduced range of motion as well as a positive straight leg raise on the right. The diagnoses have included chronic neck pain, history of cervical fusion and degenerative disk disease, and low back pain. Treatment to date has included medication. The provider requested Cervical and Lumbar CT myelogram.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical and Lumbar CT myelogram: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back Chapter, Indications for Imaging, CT (Computed Tomography) Myelography.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Neck and Upper Back (Acute & Chronic) Chapter, under CT (computed tomography) Low Back- Lumbar and Thoracic Chapter, under CT (computed tomography).

Decision rationale: The patient presents with back pain radiating to her buttock, posterior thigh, and posterior calf into her heel. The patient also has neck discomfort and has a history of cervical fusion. The request is for CERVICAL AND LUMBAR CT MYELOGRAM. The request for authorization is not provided. The patient is status post lumbar 4-5 ADR and L5-S1 fusion, 02/2009. CT of the lumbar spine, 06/24/13, shows at L4-L5: there is a disk prosthesis in place; at L5-S1, there is interbody fusion with evidence of interosseous bridging, and there is mild bilateral neural foraminal stenosis. MRI of the lumbar spine, 09/30/13, shows at the L5-S1 disc space, anterior fusion graft is in place; there is adequate decompression of the thecal sac, S1 lateral recess, and foramen; the previous bulge in the annulus and central annular fissure has been resected. At the L4-5 disc space, a prosthetic disc or fusion hardware creates a significant phase artifact obscuring detail; there is however, no suspected significant central stenosis; there is hypertrophic change of facets; there is no definite foraminal stenosis; however, the evaluation is markedly limited by phase artifacts. Physical examination of the cervical spine reveals reduced range of motion in all planes. Exam of the lumbar spine reveals reduced range of motion in all planes. Straight leg raising is positive on the right. Patient states she had a right L4-5 fact block, however, did not get any relief after that. The patient's work status is not provided. ODG-TWC Guidelines, Low Back - Neck and Upper Back (Acute & Chronic) Chapter, under CT (computed tomography) Section states that for the evaluation of the patient with chronic neck pain, plain radiographs (3-view: anteroposterior, lateral, open mouth) should be the initial study performed. Patients with normal radiographs and neurologic signs or symptoms should undergo magnetic resonance imaging. If there is a contraindication to the magnetic resonance examination such as a cardiac pacemaker or severe claustrophobia, computed tomography myelography, preferably using spiral technology and multiplanar reconstruction is recommended. ODG-TWC Guidelines, Low Back- Lumbar and Thoracic Chapter, under CT (computed tomography) Section states: "Not recommended except for indications below for CT. Magnetic resonance imaging has largely replaced computed tomography scanning in the noninvasive evaluation of patients with painful myelopathy because of superior soft tissue resolution and multiplanar capability." Indications for imaging are: Thoracic spine trauma: equivocal or positive plain films, no neurological deficit: Thoracic spine trauma: with neurological deficit; Lumbar spine trauma: trauma, neurological deficit, Lumbar spine trauma: seat belt -chance- fracture, Myelopathy -neurological deficit related to the spinal cord-, traumatic Myelopathy, infectious disease patient, Evaluate pars defect not identified on plain x-rays, and Evaluate successful fusion if plain x-rays do not confirm fusion. Per progress report dated 11/18/13, treater's reason for the request is at least in the lumbar spine, if her pain is emanating from the L5 nerve root. Regarding Cervical CT Myelogram, the patient has chronic neck pain and a history of cervical fusion and degenerative disk disease. However, review of provided medical records show no prior X-ray of the cervical spine for this patient. For chronic neck, ODG recommends plain radiographs should be the initial study performed. Regarding Lumbar CT Myelogram, the patient has low back pain after back surgery. Review of provided medical records show a prior CT Myelogram of the lumbar spine on 06/24/13. In this case, treater does not discuss or explain why a repeat CT is needed. Furthermore, there is no discussion pertaining

to suspicion of cauda equina, tumor, infection, or fracture, for which CT scans would be indicated. Therefore, the request is not medically necessary.