

<b>Case Number:</b>	CM14-0212493		
<b>Date Assigned:</b>	01/02/2015	<b>Date of Injury:</b>	01/03/2004
<b>Decision Date:</b>	02/19/2015	<b>UR Denial Date:</b>	11/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2014

### 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. 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 & Rehabn

### 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 patient is a 44 year-old male with a 1/03/2004 date of injury. According to the 11/10/14 report, the patient is in for follow-up for low back pain. The pain level is reported as 8/10 after an acute fall 2-weeks prior. On exam the patient has decreased light touch in the right L4/5 dermatome and decreased sensation in the 1st and 2nd digits of the hands bilaterally. The patient had prior CT scans, lumbar spine on 7/5/12 and of the cervical spine on 2/19/13. He uses suboxone, Celebrex, and Effexor, and has a spinal cord stimulator, and receives epidural injections for pain control. The physician requests a cervical ESI and the CT myelogram of the cervical, thoracic and lumbar spine but does not provide a rationale. On 11/12/14 utilization review denied the request for CT myelogram of the cervical, thoracic and lumbar spine, because the injury was 2-weeks prior, and the patient is not interested in surgical intervention, and there was no orthopedic testing.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CT Myelogram of Cervical, Thoracic, and Lumbar Spine:** 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), Neck and Upper Back (Acute and Chronic), Low Back- Lumbar &Thoracic

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 303-305.

**Decision rationale:** The physician requests a cervical ESI (epidural steroid injection) and the CT myelogram of the cervical, thoracic and lumbar spine 2-weeks after an acute flare-up of low back pain from a fall. There is no discussion of worsening cervical symptoms since the prior CT scan. The patient is reported to be uninterested in lumbar surgical intervention, and already has an SCS (spinal cord stimulator) MTUS/ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12 "Low Back Complaints" under Special Studies and Diagnostic and Treatment Considerations, pg. 303-305 states "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. The patient is reported to have a fall which increased his lower back symptoms, but he is not interested in surgical intervention. The repeat CT scan of the lumbar spine is not in accordance with the MTUS/ACOEM guidelines. The patient already had a CT of the cervical spine, and there is no report of progressively worsening cervical symptoms to warrant a repeat cervical CT scan. Based on the provided information, the request for CT Myelogram of Cervical, Thoracic, and Lumbar Spine is not medically necessary.