

<b>Case Number:</b>	CM14-0213448		
<b>Date Assigned:</b>	12/31/2014	<b>Date of Injury:</b>	06/27/2014
<b>Decision Date:</b>	02/25/2015	<b>UR Denial Date:</b>	11/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2014

### 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 42 year old male with an injury date on 06/27/2014. Based on the 11/10/2014 progress report provided by the treating physician, the diagnoses are: 1. Lumbar disc displacement without Myelopathy. 2. Thoracic or lumbosacral neuritis or radiculolitis; unspecified radicular syndro. 3. Sciatica According to this report, the patient complains of low back pain with "persistent numbness involving the first and second toes of his left foot." Per the treating physician, MRI of the lumbar spine "show disc degeneration, reactive changes and a disc bulge at L5/S1." Treatment to date includes left L5 and SI lumbar transforaminal epidural steroid injections, and physical therapy x 5. The treatment plan is to request for EMG/nerve conduction and lumbar CT myelogram. The patient's is on "modified work release, 5 pounds lifting, and standing limit 4 hours during the day total, alternate sitting and standing." The 10/09/2014 patient's "symptoms are worse with lumbar flexion and extension. Prolonged sitting or driving is painful as is standing. Rest is helpful." There is tenderness over the left sciatic notch. Range of motion is limited with moderate pain.X-ray of the lumbar spine on 07/26/2014 show "mild endplate spur formation throughout the lumbar spine. Questionable old bilateral L1 transverse process fractures." MRI of the Lumbar spine on 08/13/2014 show L5-S1 degenerative bone/disk changes with a 5 mm disk protrusion and degenerative bone/disk changes noted at all levels minimally. The utilization review denied the request for CT Myelogram of the lumbar spine on 11/19/2014 based on the ODG guidelines. The requesting physician provided treatment reports from 07/10/2014 to 01/22/2015.

## 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:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 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 chapter: Myelogram

**Decision rationale:** According to the 11/10/2014 report, this patient presents with low back pain with persistent numbness involving the first and second toes of his left foot. The current request is for CT Myelogram of the lumbar spine. The ODG, under its low back chapter, states that myelography is not recommended except for selected indication such as cerebrospinal fluid leak, surgical planning, radiation therapy planning for tumors, evaluation of spinal or basal cisternal disease/infection, poor correlation with physical finding with MRI and if MRI cannot be tolerated/surgical hardware present. In this case, the treating physician is requesting a CT myelogram and has not provided medical rationale for the request." There are no documents to indicate that the patient meets the indication for a CT myelogram. The patient has successfully undergone a lumbar MRI which indicates a 5 mm disk protrusion at L5-S1 as discussed above. The requested CT myelogram is not medically necessary.