MAXIMUS Federal Services

Case Number:	CM14-0218882		
Date Assigned:	01/08/2015	Date of Injury:	03/26/1984
Decision Date:	03/11/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	12/30/2014

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. 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, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 73 year old male sustained an injury on 3/26/84, with subsequent low back pain. Treatment included 5 back surgeries and medications. In a PR-2 dated 10/20/14, the physician documented that the injured worker had a 6 month history of new radiation pain on the right side that was in L-5 distribution. The injured worker reported pain that was affecting his whole life with siting being limited to no more than 15 minutes and very limited driving. Medications helped on a limited basis. Current diagnoses included lumbago, low back pain and lumbar post laminectomy syndrome. Physical exam was remarkable for tenderness to palpation in the cervical spine and lumbar spine at the facet joint with decreased flexion and extension to the lumbar spine. The physician noted that the injured worker had clinical findings consistent with L5 nerve root impingement and that the injured worker had a history of multiple surgeries and hardware precluding MRI scan. The treatment plan included continuing medications as needed and computed tomography myelogram of the lumbar spine. On 12/10/14, Utilization Review noncertified a request for CT Myelogram, lumbar spine, citing CA MTUS, MTUS ACOEM low back and ODG - myelography guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT Myelogram Lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303,304, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (web), Low Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Myelography

Decision rationale: Regarding the request for a lumbar myelography, MTUS states that myelography is optional for preoperative planning if MRI is unavailable. Official Disability Guidelines state that myelography is not recommended except for selected indications, such as when MR imaging cannot be performed, or in addition to MRI. Myelography and CT Myelography is allowable if MRI is unavailable, contraindicated (e.g. metallic foreign body), or inconclusive. Invasive evaluation by means of myelography and computed tomography myelography may be supplemental when visualization of neural structures is required for surgical planning or other specific problem solving. Within the documentation available for review, there is indication that the patient is in need of lumbar imaging and that and MRI cannot be performed. As such, the currently requested lumbar myelography is medically necessary.