

Case Number:	CM15-0011310		
Date Assigned:	01/28/2015	Date of Injury:	03/08/2012
Decision Date:	03/24/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/20/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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:

The injured worker is a 38 year old male, who sustained an industrial injury on 3/8/2014. The diagnoses have included lumbar herniated nucleus pulposus (HNP), lumbar spinal stenosis, lumbar radiculopathy and lumbar degenerative disc disease L4-5. Treatment to date has included physical therapy and medications. Surgical history included lumbar fusion with decompression L4-5 on 10/2/2014. Magnetic resonance imaging (MRI) of the lumbar spine dated 4/12/2012 revealed decreased disk height desiccation with a 5mm central and slightly left-sided disk extrusion noted at the L4-L5 level. According to the Primary Treating Physician's Progress Report dated 12/17/2014, the injured worker noted no improvement in his low back symptoms status post lumbar fusion. He continued to have persistent complaints of low back pain radiating down the bilateral lower extremities with numbness and tingling. He reported that his leg pain had actually worsened since surgery. Physical exam revealed that the injured worker moved slowly with a cane. Lumbar spine range of motion was limited and he had significant paraspinous tenderness and spasms. He had numbness in the dorsum of the left foot. Authorization was requested for a computerized tomography (CT) myelogram of the lumbar spine. On 12/30/2014 Utilization Review (UR) non-certified a request for computerized tomography (CT) myelogram of the lumbar spine, noting that the documentation did not indicate significant objective findings of progressive neurological deficits or new pathology. The OIG was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Computed Tomography (CT) Myelogram Lumbar Spine: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Computed Tomography

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation CT, Myelography

Decision rationale: The ODG was consulted as the MTUS is silent on CT myelography. The ODG supports the use of CT myelography if an MRI is thought to be of poor quality relative to an MRI, and also if the results will affect surgical planning. I respectfully disagree with the UR physician's assertion that there is no role for surgical planning in the context of the consideration of the medical necessity of this request. Since the IW's referred neuropathic leg pain was worsened after the surgery, it is reasonable that surgical planning could be contemplated pending the results of the imaging. Also, the presence of metallic fusion hardware is known to potentially cause artifact with MRI imaging, which the UR physician did not dispute. The request is medically necessary.