

Case Number:	CM15-0015931		
Date Assigned:	02/03/2015	Date of Injury:	07/11/2014
Decision Date:	03/26/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/27/2015

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: Texas, Florida

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 26 year old male, who sustained an industrial injury on 7/11/14. He has reported severe low back pain. The diagnoses have included lumbar back disorder, backache and displaced intervertebral disc. Treatment to date has included microscopic assisted discectomy L5-S1, microscopic assisted lateral recess decompression L5-S1, physical therapy, lumbar surgery for bacterial infection and medications. Currently, the injured worker complains of continuous, dull low back pain with occasional pain radiating to his right posterior thigh, right knee and posterior right calf. Physical exam of 12/30/14 revealed tenderness to palpation about the right lumbar paravertebral muscles, spinous processes and right sacroiliac joints. The sensory, motor, straight leg raising and FABER tests was reported as normal. The medications listed are Naproxen, Omeprazole and Tramadol. The X-Ray of the lumbar spine showed disc bulge at L5-S1, operative changes and degenerative disc disease. On 1/6/15 Utilization Review non-certified a (CT) computerized tomography scan myelogram of lumbar region, noting there is no documentation to support additional structural imaging. The ACOEM Guidelines was cited. The injured worker submitted an application for IMR for review of (CT) computerized tomography scan myelogram of lumbar region.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT Myelogram Scan Lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain Chapter Low and Upper Back CT Myelogram

Decision rationale: The CA MTUS did not address the use of CT myelogram in the evaluation of lumbar spine pain. The ODG guidelines recommend that CT myelogram can be utilized for the evaluation of post operative lumbar spine disorder in the worsening neurological deficits or red flag condition when the routine X-ray test is inconclusive. The records indicate that there was objective findings of normal sensory, motor and physical function of the low back and lower extremities. The criteria for CT myelogram of the lumbar spine was not met.