

Case Number:	CM15-0116184		
Date Assigned:	06/24/2015	Date of Injury:	10/12/1998
Decision Date:	07/23/2015	UR Denial Date:	05/16/2015
Priority:	Standard	Application Received:	06/16/2015

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

Certification(s)/Specialty: Family Practice

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 63 year old male, who sustained an industrial injury on 10/12/98. The injured worker has complaints of back pain and knee pain. The documentation noted that the injured worker was having significant flare of right sided leg and back pain with radiation into the right foot and the toes. The diagnoses have included sprain of lumbar region and sciatica. Treatment to date has included toradol injections; epidural steroid injection; norco; ibuprofen; wellbutrin; left knee arthropathy on 10/9/12; right knee surgery on 8/29/13; home exercise program and magnetic resonance imaging (MRI) in January 2013 showed no significant changes. The request was for computerized tomography (CT) scan myelogram.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT myelogram: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: CA MTUS ACOEM guidelines state that imaging of the low back should be reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. In this case, the injured worker is status post lumbar fusion and is reporting worsening symptoms. Treatment to date has included toradol injections, epidural steroid injection, Norco and ibuprofen without significant benefit. The injured worker is to be evaluated by a neurosurgeon, and the request for updated imaging to evaluate for the status of the fusion is supported. The request for CT myelogram is medically necessary and appropriate.