

<b>Case Number:</b>	CM15-0119130		
<b>Date Assigned:</b>	06/29/2015	<b>Date of Injury:</b>	12/11/2012
<b>Decision Date:</b>	07/28/2015	<b>UR Denial Date:</b>	05/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### 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 54 year old male with an industrial injury dated 12/11/2012. The injured worker's diagnoses include failed surgical back syndrome, bilateral lumbar radiculitis, and lumbar myofascial pain syndrome. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 05/07/2015, the injured worker reported lower back and bilateral leg pain rated 10/10. Objective findings revealed antalgic gait and tenderness to paralumbar musculature with muscle spasms. The treating physician prescribed services for lumbar myelogram and consultation with physical medicine and rehabilitation, quantity: 1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar myelogram:** 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): Low Back- Lumbar and Thoracic: Myelography (2015).

**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 section, Myelogram.

**Decision rationale:** Pursuant to the Official Disability Guidelines, myelogram of lumbar spine is not medically necessary. Myelography is not recommended except for selected indications when MR imaging cannot be performed or in addition to MRIs. Myelography and CT myelography is acceptable if MRI is unavailable, contraindicated or inconclusive. The criteria are enumerated in the Official Disability Guidelines. In this case, the injured worker's working diagnoses are failed surgical back syndrome; lumbar myofascial pain syndrome; and lumbar radiculitis bilateral. A new patient doctors first report of injury December the date is May 7 2015 subjectively states the injured worker has low back pain and bilateral leg pain. Objectively, there is tenderness to palpation with spasm overlying the paraspinal muscle groups with decreased range of motion. The injured worker had been seen by multiple providers since the date of injury December 11th 2012. The documentation does not state whether the treating provider reviewed prior medical records. There is no discussion of a prior MRI in the medical record. Myelopathy is acceptable if MRIs unavailable, contra indicated or inconclusive. The treating provider did not comment on any MRI. Consequently, absent clinical documentation with a medical record review, documentation of prior magnetic resonance imaging scans and whether they were unavailable, contra indicated are inconclusive, myelogram lumbar spine is not medically necessary.

**Consultation with physical medicine and rehabilitation, quantity: 1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation State of Colorado department of Labor and Employment (Chapter: Chronic Pain Disorder; Section; Therapeutic Procedures, Non-Operative 4/27/2007, pg. 56).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7, page 127.

**Decision rationale:** Pursuant to the ACOEM, consultation with physical medicine and rehabilitation #1 is not medically necessary. An occupational health practitioner may refer to other specialists if the diagnosis is certain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is designed to aid in the diagnosis, prognosis and therapeutic management of a patient. The need for a clinical office visit with a healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications such as opiates for certain antibiotics require close monitoring. In this case, the injured worker's working diagnoses are failed surgical back syndrome; lumbar myofascial pain syndrome; and lumbar radiculitis bilateral. A new patient doctors first report of injury December the date is May 7 2015 subjectively states the injured worker has low back pain and bilateral leg pain. Objectively, there is tenderness to palpation with spasm overlying the paraspinal muscle groups with decreased range of motion. The injured worker had been seen by multiple providers since the date of injury December 11th 2012. The documentation does not state whether the treating

provider reviewed prior medical records. There is no documentation indicating the treating providers to date. There is no documentation indicating whether the injured worker had been treated with prior physical therapy. There is no clinical rationale in the medical record for a consultation to a physical medicine and rehabilitation specialist prior to reviewing the medical record and prior treatments. A consultation is designed to aid in the diagnosis, prognosis and therapeutic management of a patient. There is insufficient medical documentation that would aid a consultant in the diagnosis, prognosis and therapeutic management prior to a thorough review of the medical records. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, consultation with physical medicine and rehabilitation #1 is not medically necessary.