

<b>Case Number:</b>	CM15-0119392		
<b>Date Assigned:</b>	06/29/2015	<b>Date of Injury:</b>	10/14/2010
<b>Decision Date:</b>	07/28/2015	<b>UR Denial Date:</b>	05/27/2015
<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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 is a 65 year old male with an October 14, 2010 date of injury. A progress note dated May 14, 2015 documents subjective complaints (lower back pain radiating to both legs currently rated at a level of 8-10/10) objective findings (shuffling gait with walker; positive straight leg raise on the left), and current diagnoses (severe stenosis of L4-L5 with bladder incontinence; lumbar kyphosis of five degrees; pelvic incidence of fifty four degrees). Treatments to date have included use of a cane and walker, lumbar spinal fusion, medications, and psychotherapy. The treating physician documented a plan of care that included a repeat computed tomography myelogram of the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Repeat CT (computed tomography) Myelogram of LS (lumbosacral) Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305, 309. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Lumbar & Thoracic (Acute & Chronic) - Myelography.

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

**Decision rationale:** Per ACOEM Treatment Guidelines, criteria for ordering imaging studies such as the requested CT scan of the lumbar spine include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure, and preoperative planning if MRI is unavailable, none identified. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports have not adequately demonstrated the indication for the CT scan of the lumbar spine with intact 5/5 motor strength, intact sensation and DTRs of 2+, nor document any specific functional change since surgery with immediate deterioration on 4/17/13 spinal fusion with chronic bladder incontinence and ambulation with walker to support this imaging study. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The Repeat CT (computed tomography) Myelogram of LS (lumbosacral) Spine is not medically necessary or appropriate.