

<b>Case Number:</b>	CM15-0123192		
<b>Date Assigned:</b>	07/07/2015	<b>Date of Injury:</b>	07/09/2008
<b>Decision Date:</b>	08/04/2015	<b>UR Denial Date:</b>	05/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/25/2015

### 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, 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 69 year old female who sustained an industrial injury on 07/09/08. Initial complaints and diagnoses are not available. Treatments to date include medications, lumbar back surgery, hardware removal, thoracic back surgery and revision, spinal cord stimulator, and trigger point injections. Diagnostic studies include multiple MRI studies. Current complaints include increased low back and left leg pain. Current diagnoses include facet disease with moderate lumbar stenosis. In a progress note dated 04/23/15 the treating provider reports the plan of care as a CT Myelogram of the lumbar spine, as well as medications including Zanaflex, Ultram, Neurontin, Ambien, Lidoderm patch, and Norco. The requested treatment is a CT Myelogram. The medication list includes Zanaflex, Ultram, Neurontin, Ambien, Lidoderm patch, and Norco. The patient has had an EMG of the LE that revealed radiculopathy. Per the note dated 4/16/15, patient had complaints of difficulty in walking and changing positions and pain in leg and low back. Physical examination of the lumbar spine revealed limited ROM, tenderness on palpation, and muscle spasm.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CT Myelogram lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**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 (updated 7/15/15) Myelography.

**Decision rationale:** Request: CT Myelogram lumbar spine. ACOEM/MTUS state guideline does not specifically address this issue. Hence ODG used. As per cited guidelines "CT myelogram: Not recommended except for selected indications below, when MR imaging cannot be performed, or in addition to MRI." The cited guidelines for criteria for lumbar spine CT myelogram scan." 1. Demonstration of the site of a cerebrospinal fluid leak (post lumbar puncture headache, post spinal surgery headache, rhinorrhea, or otorrhea). 2. Surgical planning, especially in regard to the nerve roots; a myelogram can show whether surgical treatment is promising in a given case and, if it is, can help in planning surgery. 3. Radiation therapy planning, for tumors involving the bony spine, meninges, nerve roots or spinal cord. 4. Diagnostic evaluation of spinal or basal cisternal disease, and infection involving the bony spine, intervertebral discs, meninges and surrounding soft tissues, or inflammation of the arachnoid membrane that covers the spinal cord. 5. Poor correlation of physical findings with MRI studies. 6. Use of MRI precluded because of: a. Claustrophobia; b. Technical issues, e.g., patient size; c. Safety reasons, e.g., pacemaker; d. Surgical hardware." The presence of these indications was not specified in the records provided. Patient did not have any progressive neurological deficits that are specified in the records provided. Findings suggestive of or suspicious for tumor, infection, fracture, neurocompression, or other red flags were not specified in the records provided. Details of PT or other conservative therapy done for this injury was not specified in the records provided. Detailed response to previous conservative therapy was not specified in the records provided. Prior PT visits notes were not specified in the records provided. The records submitted contain no accompanying current PT evaluation for this patient. A plan for an invasive procedure of the lumbar spine was not specified in the records provided. The medical necessity of the request for CT Myelogram lumbar spine is not fully established in this patient. Therefore, the request is not medically necessary.