

Case Number:	CM15-0128004		
Date Assigned:	07/14/2015	Date of Injury:	11/14/1975
Decision Date:	08/10/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/02/2015

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: Arizona, 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 60 year old male who sustained an industrial /work injury on 11/14/75. He reported an initial complaint of neck, back, and left wrist pain. The injured worker was diagnosed as having lumbago, thoracic or lumbosacral neuritis or radiculitis, degeneration of cervical intervertebral disc, medial epicondylitis of elbow. Treatment to date includes medication, surgery (leg, back, neck), and diagnostics. X-ray results reported on 11/30/09. Currently, the injured worker complained of neck, back, and left wrist pain. Back brace was necessary to reduce back pain that has been increasing, L>R posterior leg pain that is burning and worst at night interfering in sleep. Pain without meds is 6-7/10. Per the primary physician's report (PR-2) on 6/9/15, exam noted ambulation without assist wearing double back brace, cervical range of motion limited, decreased sensation left upper extremity compared to the right, lumbar range of motion decreased in flexion with tenderness along the paraspinal muscle especially on the right, decreased sensation on the left posterior calf extending down the sole of the left foot and some unusual decreased sensation at the bottom of the right foot, significant lumbar paraspinal atrophy and lumpy/ropy spasm in palpation, lower extremity deep tendon reflexes were abnormal at the right and left Achilles, decreased left ankle flexion and left knee flexion, mild amount of swelling to the left medial epicondyle, tenderness to forcible extension wrist, and pain at the 1st MCP (metacarpophalangeal) joint. The requested treatments include 1 lumbar spine CT myelogram.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 lumbar spine CT myelogram: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Computed Tomography.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: According to the guidelines, a CT myelogram is considered optional prior to surgical planning if an MRI is unavailable. In this case, the claimant has an increase in symptoms and increasing pain. There is no mention of planned surgery or unavailability of an MRI. The request for a CT myelogram is not medically necessary.