

<b>Case Number:</b>	CM15-0047769		
<b>Date Assigned:</b>	03/19/2015	<b>Date of Injury:</b>	04/17/2007
<b>Decision Date:</b>	06/17/2015	<b>UR Denial Date:</b>	02/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2015

### 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: Emergency 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 (IW) is a 28 year old female who sustained an industrial injury on 04/17/2007. She reported low back and right leg pain. The injured worker was diagnosed with low back pain, sciatica, disc bulge, herniated nucleus pulposus, degenerative disc disease, spinal stenosis and chronic right S1 radiculopathy. Treatment to date has included physical therapy and epidurals. Patient is post L4-5 discectomy. MRI of lumbar spine dated 4/21/14 was reviewed and revealed post surgical changes, right paracentral disc protrusion and annular tear causing mild neuroforaminal stenosis; L3-4 mild inferior endplate marrow edema, diffuse disc bulge and posterior endplate tearing. Currently, the injured worker complains of back and right leg pain. The pain radiates from right low back to posterior leg down to ankle. It occurs daily and is moderate in intensity, triggered by prolonged sitting, and is made worse with prolonged standing which makes it numb. There is no sphincter disturbance and it happens in no other context. It has been helped in the past by physical therapy and epidurals. A CT myelogram of the lumbar spine is requested and a post CT myelogram lumbar spine is requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post CT myelogram lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 complaints, CT Myelography.

**Decision rationale:** MTUS Chronic pain or ACOEM does not adequately deal with this topic. Official Disability Guidelines(ODG) recommend myelography only for identification of CSF leak, surgical/radiation planning, evaluation of spinal or basal cistern disease or inability to get an MRI myelography. Provider has document request for CT Myelography for potential surgery but details concerning need for surgery is not justified. There is no change in patient's symptoms and recent EMG is normal. It has been stable for years and there is no findings in recent MRI or exam that justifies need for CT myelogram. CT and Post CT Myelogram of lumbar is not medically necessary.

**CT myelogram lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 complaints, CT Myelography.

**Decision rationale:** MTUS Chronic pain or ACOEM does not adequately deal with this topic. Official Disability Guidelines(ODG) recommend myelography only for identification of CSF leak, surgical/radiation planning, evaluation of spinal or basal cistern disease or inability to get an MRI myelography. Provider has document request for CT Myelography for potential surgery but details concerning need for surgery is not justified. There is no change in patient's symptoms and recent EMG is normal. It has been stable for years and there is no findings in recent MRI or exam that justifies need for CT myelogram. CT and Post CT Myelogram of lumbar is not medically necessary.