

Case Number:	CM15-0063932		
Date Assigned:	04/09/2015	Date of Injury:	10/27/2012
Decision Date:	05/14/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	04/03/2015

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:

The injured worker is a 43 year old female, who sustained an industrial injury on 10/27/2012. She reported pain while assisting a patient. The injured worker was diagnosed as having lumbar disc degeneration with radiculopathy and chronic pain related anxiety and depression. Lumbar magnetic resonance imaging showed lumbar 4-5 stenosis. Treatment to date has included physical therapy and medication management. In a progress note dated 2/23/2015, the injured worker complains of ongoing low back pain with left lower extremity pain. The treating physician is requesting 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:

CT Myelogram Lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Criteria for Myelography and Ct Myelography.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low Back chapter, Lumbar Myelogram.

Decision rationale: The patient presents with low back pain radiating to lower extremity. The request is for CT MYELOGRAM LUMBAR. The request for authorization is not provided. Physical examination of the lumbar spine reveals tenderness to palpation to the lower lumbar paraspinal with spasm. The lumbar spine shows loss of lumbar lordosis. Range of motion of the lumbar spine is limited. Straight leg raise is 60 degrees on the left and 80 degrees on the right. She has had no significant improvement in her functional status. She is independent with her self-care activities. She is extremely limited in her ability to do household chores and long-distance driving secondary to pain and she is not sleeping well. She has had a full course of conservative management, including physical therapy along with lumbar epidural steroid injections. She is to continue with her home exercise program and her current medications. Patient's medications include Norco, Gabapentin, Effexor and Diclofenac. Per progress report dated, 02/23/15, the patient is on permanent restriction. Regarding Lumbar Myelogram, ODG Guidelines, Low Back chapter states: "myelography is not recommended except for selected indication such as cerebrospinal fluid leak, surgical planning, radiation therapy planning for tumors, evaluation of spinal or basal cisternal disease/infection, poor correlation with physical finding with MRI and if MRI cannot be tolerated/surgical hardware present." Per progress report dated, 12/15/14, treater's reason for the request is "CT myelogram of the lumbar spine as requested by [REDACTED] in his consultative report dated August 2014." Review of medical records do not show evidence of a prior Lumbar CT Myelogram. However, the treater does not provide any documentation or discussion to indicate that the patient meets the ODG criteria for a Myelogram. Additionally, it appears the patient may not be interested in surgery at this time. Per progress report dated, 08/25/14, treater notes, "she is a little hesitant to proceed for surgery stating that she wanted a second opinion." Furthermore, the treater does not explain why a MRI cannot be performed or tolerated. Therefore, the request IS NOT medically necessary.