

Case Number:	CM15-0066731		
Date Assigned:	04/14/2015	Date of Injury:	08/12/2013
Decision Date:	05/13/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	04/07/2015

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: Preventive Medicine, Occupational 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 is a 41-year-old male, who sustained an industrial injury on 8/12/2013. He reported hurting his lower back. Diagnoses have included lumbar disc displacement, lumbosacral neuritis and lumbosacral disc degeneration. Treatment to date has included magnetic resonance imaging (MRI), chiropractic treatment, epidural steroid injection and medication. According to the progress report dated 1/13/2015, the injured worker complained of constant pain from back into right lower extremity. Physical exam revealed weakness of the lower extremities. Range of motion of the back was restricted. Authorization was requested for lumbar computed tomography myelogram.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar CT Myelogram: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)Low Back - CT.

Decision rationale: Both MTUS Guidelines and ODG Guidelines do not recommend the routine use of CT scanning when MRI studies are available and there is no acute trauma. The Guidelines do recognize that there may be unusual circumstances for requesting a CT myelogram for surgical planning, but the requesting physician states the MRI scan correlates well with the clinical findings and he does not give any rationale for the CT myelogram. Additional information may support the request, but at this time there is not adequate information to support it per Guidelines standards. At this point in time the CT myelogram lumbar is not supported by Guidelines and is not medically necessary.