

Case Number:	CM15-0093562		
Date Assigned:	05/19/2015	Date of Injury:	10/01/2012
Decision Date:	06/24/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/14/2015

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, Pain Management

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 10/1/12. He has reported initial complaints of right shoulder, mid back and left elbow pain after washing trucks and lifting small packages working at a warehouse. The diagnoses have included thoracic lumbar neuritis/radiculitis, history of pacemaker and diabetes. Treatment to date has included medications, diagnostics, surgery, activity modifications, steroid injections and home exercise program (HEP). Currently, as per the physician progress note dated 4/17/15, the injured worker complains of pain in the right mid back, left mid back, lower back, buttocks, right leg, and right foot. He complains of stabbing sensation to the left side of the cervical thoracic junction, aching in the mid thoracic spine, and an aching and stabbing sensation in the lower lumbar spine that radiates down the buttocks and posterior leg to the ankle on the right leg with frequent exacerbations. The symptoms are aggravated by activities. The physical exam of the lumbar spine reveals slight kyphosis, tenderness in the midline at C7-T1 and L5-S1 with tenderness over the right greater than left sacroiliac and right buttock. There is also tenderness in the parascapular area musculature. The left rotation of cervical spine causes mild onset of neck pain. When he flexes the low back with fingers going to the ankles it causes back and buttocks pain. The motor testing only reveals 4+/5 strength with right eversion. The straight leg raise is positive on the right. The physician notes that x-rays of the thoracic spine reveal multilevel spondylitic changes in the lower thoracic region with bridging anterior osteophyte. The current medications included Metformin, Lidocaine patch, Baclofen, Norco, Invokana, Carvedilol, Lisinopril and Lovastatin. The physician noted that his back and right radicular symptoms have been chronic for over two

years and exam findings demonstrate positive straight leg raise with weakness on eversion and that he recommends computerized axial tomography (CT scan) myelogram as the injured worker is unable to get Magnetic Resonance Imaging (MRI) due to having a pacemaker. He is also referring him to physical therapy and the injured worker is to return in two months. The physician requested treatment included computerized axial 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 of the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Myelography.

Decision rationale: Regarding the request for a lumbar myelography, ACOEM states that myelography is optional for preoperative planning if MRI is unavailable. Official Disability Guidelines state that myelography is not recommended except for selected indications, such as when MR imaging cannot be performed, or in addition to MRI. Myelography and CT Myelography is allowable if MRI is unavailable, contraindicated (e.g. metallic foreign body), or inconclusive. Invasive evaluation by means of myelography and computed tomography myelography may be supplemental when visualization of neural structures is required for surgical planning or other specific problem solving. Within the documentation available for review, there is indication that MRI cannot be performed due to pacemaker placement. However, the AME dated 4/5/15 indicates that there is doubt as to whether the low back is industrially related and when it began exactly. The reason for this is that the author of the AME report had previously evaluated the patient in both March and June 2014, but there were no low back pain or radiating leg issues at that time. There was also normal neurologic exam of the lower extremities. Therefore, the patient seems to have developed the low back pain and radiating symptoms some time after. Per utilization reviewer teleconference, it is also unclear whether the patient has had PT to this body region yet. Given these factors, the currently requested lumbar CT myelography is not medically necessary.