

Case Number:	CM15-0096292		
Date Assigned:	05/26/2015	Date of Injury:	12/18/2008
Decision Date:	06/30/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	05/19/2015

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, North Carolina
 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 (IW) is a 64 year old female who sustained an industrial injury on 12/18/2008. She reported low back pain, right shoulder, and right arm pain. The injured worker was diagnosed as having situation post L5-Sacral 1 fusion 11/08/2011, right elbow lateral epicondylitis, right shoulder impingement. Treatment to date has included medications, chiropractic care, acupuncture, and surgery. A MRI of the lumbar spine with and without contrast was done 11/01/2012 that noted a Tarlov cyst in the sacral region, interbody care at L5-S1. No abnormal enhancement was seen on the post contrast images. At L3-4, degenerative changes were noted in the endplate with mild facet arthropathy and disc protrusions with mild abutment of the exiting left L3 nerve root. Additional images were ordered at that time, and the reports of the MRI of 12/20/1014 are available in the record. Currently, the injured worker complains of joint pain, muscle spasm, sexual dysfunction, frequent continuing burning, aching, spasming low back pain with bowel and urinary incontinence. According the visit notes of 11/17/2014, the IW was diagnosed at one time with decreased rectal tone and incomplete emptying of the bowel and that nothing could be done for this. After exam in which it was noted that she has left sacral tenderness that is not over the SI joint, and no sensory abnormalities to touch in the bilateral lower extremities, 3+ reflexes at the knees and 1+ reflexes at the ankles, it was decided that an additional MRI without contrast of the pelvis and sacrum should be done to evaluate sacral Tarlov cyst and bowel incontinence. The treatment plan includes acquiring a Computed Tomography (CT) myelogram lumbar spine with a return to the spine specialist for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Computed Tomography (CT) myelogram lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), CTACOEM page 59 CT evaluation.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: CA MTUS/ACOEM Guidelines give greater support to MRI as compared to CT/myelogram to identify and define low back pathology. The Guidelines do not support CT/myelogram in the absence of a red flag diagnosis, objective radiculopathy or surgical plan. In this case, the bladder/bowel dysfunction is noted as to having its onset prior to the date of industrial injury in 2008. In the interim, symptoms and signs have remained relatively unchanged. A recent 2014 MRI revealed a Tarlov cyst and narrowing of the mid-portion of the sacral spinal canal, which could be responsible for the patient's chronic bladder/bowel symptoms. The request does not specify why a CT/myelogram is necessary in addition to the diagnostic findings of the recent MRI. Thus, the request is deemed not medically necessary or appropriate.