

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 12/12/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/18/2013
Date of Injury:	3/15/2008
IMR Application Received:	8/16/2013
MAXIMUS Case Number:	CM13-0013340

- 1) MAXIMUS Federal Services, Inc. has determined the request for **CT Myelogram Lumbar spine is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/16/2013 disputing the Utilization Review Denial dated 7/18/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/25/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for **CT Myelogram Lumbar spine is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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 treatments and/or services at issue.

Expert Reviewer Case Summary:

The patient is a 49-year-old female who reported an injury on 03/15/2008. The mechanism of injury was not provided for review. The patient underwent transforaminal lumbar interbody fusion at the L5-S1 level on 07/30/2012. The surgery resulted in significant pain resolution. However, the patient had continued complaints of numbness and tingling in the left leg. Physical findings included a positive straight leg raising test on the left at 30 degrees for increased buttocks and thigh pain. It was also noted that there was some palpatory tenderness over the healing wound. Imaging studies revealed good union and appropriate decompression at the L5-S1 level as a result of the transforaminal lumbar interbody fusion. The patient was diagnosed with thoracolumbar radiculopathy, left lower extremity sciatica, and a herniated lumbar disc at the L5-S1 level. The patient's treatment plan included medications and a CT myelogram.

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Treatment Utilization Schedule (MTUS)
- Medical Records from:
 - Claims Administrator
 - Employee/Employee Representative
 - Provider

1) Regarding the request for CT Myelogram Lumbar spine:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, Page 308-310, which is part of MTUS.

The Expert Reviewer based his/her decision on Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12) page 309, which is part of the MTUS. The Expert Reviewer also based his/her decision on the Official Disability Guidelines (ODG), which is not part of the MTUS.

Rationale for the Decision:

The employee does have continued pain complaints in the low back. Official Disability Guidelines do support the use of CT myelography if an MRI is contraindicated. The clinical documentation does indicate that the employee has surgical hardware as a result of the interbody fusion. However, the clinical documentation submitted for review does not provide significant clinical evidence to support the employee's pain is neurologically related. Additionally, the employee previously received conservative treatments to include physical therapy and injection therapy. The results of these treatments were not addressed within the documentation. Although there is a straight leg raising test to the left at 30 degrees for back pain and thigh pain, there is no evidence of weakness, disturbed sensation, or decreased deep tendon reflexes to support neurological involvement. **The request for CT Myelogram Lumbar spine is not medically necessary and appropriate.**

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

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Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.