
Independent Medical Review Final Determination Letter

[REDACTED]
[REDACTED]
[REDACTED]

Dated: 12/19/2013

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/31/2013
Date of Injury: 1/17/2006
IMR Application Received: 8/12/2013
MAXIMUS Case Number: CM13-0008905

DEAR [REDACTED],

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [REDACTED]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, 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 physician 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/services.

DOCUMENTS REVIEWED

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

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient is a 63-year-old male who reported an injury on 01/17/2006. The documentation submitted for review indicates the patient to have ongoing aching intermittently sharp low back pain. The patient was evaluated on 06/10/2013, with notes indicating in the patient's history that the patient underwent placement of an intrathecal pain pump on 08/19/2011 and right ankle fusion in 11/2010, with notes indicating that the patient maintains persistent pain and restricted range of motion of the right ankle. Notes indicate that the patient had initial benefit from the placement of a pain pump; however, the patient now notes worsening of the low back symptoms with ongoing and worsening weakness in the legs after walking approximately one-eighth of a mile. The patient's pain is also associated with radiating left leg symptoms. Notes indicate that the patient is status post bilateral total knee replacements. Notes indicate that the patient was concerned that his low back was becoming more symptomatic and notes indicate also that a CT scan was ordered and performed of the lumbar spine on 02/15/2013. Notes indicate that the patient stated his study was inconclusive and the request was made to undergo a myelogram by the patient's spine surgeon.

IMR DECISION(S) AND RATIONALE(S)

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

1. CT myelogram of the cervical spine is not medically necessary and appropriate.

The Claims Administrator based its decision on the American College of Occupational & Environmental Medicine (ACOEM), which is part of the MTUS, and the Official Disability Guidelines (ODG), which is not part of the MTUS.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of

Workers' Compensation, the Expert Reviewer based his/her decision on the Official Disability Guidelines, Low Back Chapter, which is not part of the MTUS

The Physician Reviewer's decision rationale:

Official Disability Guidelines state that myelography is not recommended except when MR imaging cannot be performed, or in addition to MRI. Myelography or CT-myelography may be useful for preoperative planning. The documentation submitted for review is insufficient to detail findings of progressive neurological deficits on examination of the employee. The documentation submitted for review indicates the employee to have 80% of normal range of motion with extension, right and left lateral bending, and 100% of normal value of rotation bilaterally. Reflexes were noted to be 2+ in the bilateral upper extremities with sensation intact to sharp pin and light touch bilaterally. Also, the employee's motor strength was noted to be intact bilaterally. While the employee has noted 4+/5 strength of the left shoulder abductors and external rotators; there were no findings indicating significant neuropathology to warrant imaging. **The request for CT myelogram of the cervical spine is not medically necessary and appropriate.**

2. CT myelogram of the thoracic spine is not medically necessary and appropriate.

The Claims Administrator based its decision on the American College of Occupational & Environmental Medicine (ACOEM), which is part of the MTUS, and the Official Disability Guidelines (ODG), which is not part of the MTUS.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on the Official Disability Guidelines, Low Back Chapter, which is not part of the MTUS

The Physician Reviewer's decision rationale:

Official Disability Guidelines state that myelography is not recommended except when MR imaging cannot be performed, or in addition to MRI. Myelography or CT-myelography may be useful for preoperative planning. There is a lack of documentation submitted for review indicating a progressive neuropathology of the employee to warrant the requested CT myelogram of the thoracic spine. **The request for CT myelogram of the thoracic spine is not medically necessary and appropriate.**

3. CT myelogram of the lumbar spine is not medically necessary and appropriate.

The Claims Administrator based its decision on the American College of Occupational & Environmental Medicine (ACOEM), which is part of the MTUS, and the Official Disability Guidelines (ODG), which is not part of the MTUS.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on the Official Disability Guidelines, Low Back Chapter, which is not part of the MTUS

The Physician Reviewer's decision rationale:

Official Disability Guidelines state that myelography is not recommended except when MR imaging cannot be performed, or in addition to MRI. Myelography or CT-myelography may be

useful for preoperative planning. There is a lack of documentation submitted for review indicating progressive neurological dysfunction in the employee to warrant CT myelogram of the lumbar spine. The employee has a noted significant history for lumbar fusion in 2006, and clinical notes indicate that the employee has tenderness of the posterior superior iliac spine and paravertebral muscles bilaterally; however, there is no evidence of palpable spasms, reflexes were noted to be 2+ to the knees and ankles bilaterally, straight leg raise was positive only at 80 degrees. Notes indicate that the employee may have had diminished sensation in the distribution of the terminal branch of the deep peroneal nerve on the left, otherwise the employee's sensory examination is intact to sharp pin and light touch bilaterally. Furthermore, there is a lack of documentation indicating that the diminished sensation identified or the muscle weakness of 4+/5 of the quadriceps and hamstrings bilaterally is indicated as a progressive finding. **The request for CT myelogram of the lumbar spine is not medically necessary and appropriate.**

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.

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