

Case Number:	CM14-0103148		
Date Assigned:	07/30/2014	Date of Injury:	10/22/2008
Decision Date:	09/26/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/03/2014

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. The expert reviewer is Board Certified in Occupational 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 disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 46-year-old female who has submitted a claim for lumbosacral neuritis associated with an industrial injury date of 10/22/2008. Medical records from 01/18/2014 to 06/25/2014 were reviewed and showed that patient complained of low back pain (pain scale grade not specified) radiating down left leg . Physical examination revealed diffuse tenderness in the lumbar spine, decreased ROM, MMT of 4/5 in left tibialis anterior otherwise 5/5, decreased sensation of the left lower extremity, and positive SLR test on the left leg. MRI of the lumbar spine dated 01/02/2013 revealed L5-S1 post-operative changes posteriorly, L5-S1 moderate to severe left foraminal narrowing likely due to facet hypertrophy, and no definite L1-2, L2-3, L3-4, and L4-5 focal protrusions. MRI of the lumbar spine dated 06/10/2014 was inconclusive due to patient movement. Treatment to date has included left L5-S1 laminectomy and decompression (06/11/2012), low back disc surgery (02/25/2011), physical therapy, chiropractic medicine, and pain medications. Utilization review dated 06/26/2014 denied the request for 1 CT post myelogram of the lumbar spine between 6/20/14 and 8/04/14 because the patient had a successful MRI in 01/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 CT post myelogram of the lumbar spine between 6/20/14 and 8/04/14: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-308. Decision based on Non-MTUS Citation Official disabilities guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Myelography Section.

Decision rationale: CA MTUS does not address this issue. ODG guidelines state that CT Myelography is recommended when an MRI imaging cannot be performed or in addition to MRI. Invasive evaluation by means of computed tomography myelography may be supplemental when visualization of neural structures is required for surgical planning. Myelography and CT Myelography have largely been superseded by the development of high resolution CT and magnetic resonance imaging (MRI). In this case, the patient complained of low back pain radiating down the left leg. Physical exam findings revealed positive SLR test on the left, weakness of the left tibialis anterior, and hypesthesia of left lower extremities. MRI of the lumbar spine was done on 01/02/2013 with results of L5-S1 moderate to severe left foraminal narrowing and postoperative changes posteriorly. The patient's subjective and objective findings were consistent with lumbar MRI imaging results. Of note, repeat MRI of the lumbar spine was successfully done on 06/10/2014 with inconclusive results due to patient movement. However, there was no documentation that the MRI cannot be successfully performed again, which may be a prerequisite to CT myelography. It is likewise unclear why repeat imaging is needed. The guideline criteria have not been met. Therefore, the request for 1 CT post myelogram of the lumbar spine between 6/20/14 and 8/04/14 is not medically necessary.