

Case Number:	CM14-0140735		
Date Assigned:	09/10/2014	Date of Injury:	03/20/2012
Decision Date:	10/16/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/29/2014

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 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 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 injured worker is a 60-year-old gentleman who was injured on March 20, 2012. The medical records provide for review documented current complaints of low back pain. The clinical assessment of April 28, 2014, documented improvement with strengthening exercises and physical therapy. Physical examination was documented to show full range of motion and "better sensation." The medical records did not include documentation or reports of prior clinical imaging for review. The injured worker was referred for further physical therapy. The follow up assessment on July 17, 2014 noted continued complaints of pain with examination showing restricted hip flexion and knee flexion at 3+ out of 5. The injured worker was documented to be status post laminectomy and lumbar fusion from L4 through S1 on January 22, 2014. This request is for CT myelogram and electrodiagnostic studies.

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 Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 12th Edition (Web), 2014, Low Back, Myelography

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287, 303..

Decision rationale: Based on California ACOEM Guidelines, the request for a CT myelogram of the lumbar spine is not recommended as medically necessary. There is no documentation of plain film radiographs. The documentation indicates that the injured worker is regaining strength following surgery, and there is also no indication of acute radicular finding on examination. There would be no current clear indication for CT myelogram in absence of plain film radiographs following fusion procedure. Given the injured worker's current clinical picture and no indication of prior plain film radiographs in the postoperative setting, the request for CT scan would not be supported. As such, this request is not medically necessary.

EMG of the bilateral lower extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 12th Edition (Web), 2014, Low Back, Electromyography (EMG)

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

Decision rationale: California ACOEM Guidelines would not support the request for lower extremity electrodiagnostic studies. At present there is no indication of acute radicular finding on examination or evidence of continued compressive pathology in the injured worker's lumbar spine following surgery to support the role of electrodiagnostic testing. Without evidence of acute clinical findings, the request in this case would not be supported. As such, this request is not medically necessary.

NCV of the bilateral lower extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 12th Edition (Web), 2014, Low Back, Nerve Conduction Studies (NCS)

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

Decision rationale: California ACOEM Guidelines would not support the request for NCV of the bilateral lower extremities. At present there is no indication of acute radicular finding on examination or evidence of continued compressive pathology in the injured worker's lumbar spine following surgery to support the role of electrodiagnostic testing. Without evidence of acute clinical findings, the request in this case would not be supported. As such, this request is not medically necessary.