

Case Number:	CM13-0019897		
Date Assigned:	10/11/2013	Date of Injury:	04/14/1998
Decision Date:	01/16/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	09/04/2013

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 Physical Medicine & Rehabilitation 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. 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:

This patient sustained an injury on 4/14/1998. Reports dated 7/11/13 and 8/8/13 from [REDACTED] both noted the patient has persistent neck and back pain with radiation, numbness, and weakness down bilateral legs to feet. Exam reveals 4- to 4/5 strength in multiple upper and lower extremity muscles, decreased range of motion in cervical, thoracic and lumbar; decreased sensation L5 and S1 dermatomes on left, decreased sensation C5, C6, C7 and C8 dermatomes on left; s/p spinal cord stimulator implanted in 2007. Diagnoses are chronic regional pain syndrome/reflex sympathetic dystrophy; chronic pain syndrome, and mental health complaints. Previous treatment comprised of medications (OxyContin, Norco, Soma), rest, assistive device for ambulation, home health service, and psychotherapy. Request for CT scan of the thoracic spine was non-certified per dated report of 8/22/13 by [REDACTED]. Submitted reports do not adequately assess or demonstrate indication for request of CT scan of the Thoracic Spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT scan of thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 171 and 177-179.

Decision rationale: Per ACOEM Treatment Guidelines for the Neck and Upper Back Disorders, under Special Studies and Diagnostic and Treatment Considerations states that the criteria for ordering imaging studies such as the requested CT scan of the thoracic spine include emergence of a red flag; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports have not adequately demonstrated the indication for the CT scan of the thoracic spine nor document any specific clinical findings to support this imaging study. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The CT scan of the thoracic spine is not medically necessary and appropriate.