

Case Number:	CM13-0059767		
Date Assigned:	04/23/2014	Date of Injury:	03/02/2001
Decision Date:	08/08/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/02/2013

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 records, presented for review, indicate that this 53-year-old male was reportedly injured on March 2, 2001. The mechanism of injury was stated to be that of a cave-in of a trench. The most recent progress note, dated October 23, 2013, indicated that there were ongoing complaints of thoracic back pain. Current medications include oxycodone and lidocaine patches. The physical examination demonstrated limited range of motion of the mid back secondary to pain. There was tenderness along the thoracic paraspinal muscles. Diagnostic imaging studies noted intact hardware without displacement or lucency. A computed tomography (CT) of the thoracic spine without contrast and an MRI of the thoracic spine with and without contrast were recommended to assess hardware failure, stenosis, and ectopic bone formation. Previous treatment included a T3 through T10 posterior spinal fusion. A request was made for a repeat computed tomography (CT) scan of the thoracic spine without contrast and was not certified in the pre-authorization process on November 19, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

REPEAT CT SCAN FOR THORACIC SPINE WITHOUT CONTRAST: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic), Computed tomography (updated May 30, 2014).

Decision rationale: As this request is for a repeat computed tomography (CT) of the thoracic spine without contrast it is assumed there was a previous CT performed post-surgery; however, there was no documentation of these results. A post-surgery x-ray does show intact hardware without displacement or lucency or other concerning findings. Considering this, the request for a repeat CT of the thoracic spine without contrast is not medically necessary.