MAXIMUS Federal Services

Case Number:	CM13-0062264		
Date Assigned:	12/30/2013	Date of Injury:	04/14/1998
Decision Date:	11/21/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/06/2013

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 Occupational Medicine, has a subspecialty in Preventive 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 applicant is a represented [redacted] insured who has filed a claim for chronic neck and mid back pain reportedly associated with an industrial injury of April 14, 1998.Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; reported diagnosis of complex regional pain syndrome; spinal cord stimulator implantation; opioid therapy; and the apparent imposition of permanent work restrictions.In a Utilization Review Report dated November 20, 2013, the claims administrator denied a request for a CT scan of the cervical and thoracic spines.The applicant's attorney subsequently appealed.In an October 7, 2013 progress note, the applicant reported ongoing complaints of left upper and left lower extremity pain, 5-6/10. The applicant's spinal cord stimulator was generator about 50% pain relief but was not capturing any of the pain in the left lower extremity. The applicant stated that she had weakness in contraction of the left upper extremity secondary to late-stage Complex Regional Pain Syndrome (CRPS). Marked weakness, contracture, and atrophy were noted about the left upper and left lower extremity, it was noted on exam. The applicant exhibited an antalgic gait requiring usage of a cane. Multiple medications were refilled, including Soma, Ambien, Norco, lidocaine, Zofran, Prevacid, Motrin, and OxyContin. CT scanning of the cervical, lumbar, and thoracic spines was sought. The applicant was permanent and stationary. An internal medicine consultation was sought for gastric upset. The attending provider stated that the CT scans of the cervical, thoracic, and lumbar spines would help to make a decision as to whether to revise the spinal cord stimulator or not and/or consider a second spinal cord stimulator implantation to cover the lumbar spine region.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT SCAN CERVICAL AND THORACIC: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Table 8-7, page 179.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 8, Table 8-7, page 179, CT imaging is scored 4/4 in its ability to identify and define suspected anatomic defects. In this case, the attending provider has posited that the applicant has anatomic defects associated with an indwelling spinal cord stimulator. The attending provider stated that the applicant is seemingly considering revision of said spinal cord stimulator on the grounds that the current stimulator is not functioning altogether appropriately. The CT scan imaging in question is, thus, seemingly being employed for preoperative planning purposes here and is scored highly by ACOEM in its ability to identify and define suspected anatomic pathology, as is suspected here. Therefore, the request is medically necessary.