MAXIMUS Federal Services

Case Number:	CM13-0069532		
Date Assigned:	06/13/2014	Date of Injury:	09/03/2009
Decision Date:	11/24/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	12/23/2013

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 Internal Medicine and is licensed to practice in New York. 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 47 year old male with a date of injury of 09/03/2009. He was lifting a 30 pound bucket of grapes overhead and in another part of the file it says he was bending to lift a 20 pound box of grapes and his listed diagnoses included neck pain and cervical radiculopathy, back pain and lumbar radiculopathy, abdominal pain, thoracic degenerative disease with thoracic compression fracture. He had a previous abdominal wall hernia repair surgery on 01/10/2010 and a CAT scan of the abdomen/pelvis on 06/25/2013 revealed the mesh in place with no hernia. Post operatively he had GI bleeding that resolved. A CAT scan of the abdomen on 05/16/2013 revealed no acute process. On 11/27/2013 he had neck pain, back pain and abdominal pain. Cervical and lumbar range of motion was decreased. He has a past history of gastritis and a GI bleed. On 04/16/2014 he had heartburn, anxiety, depression and abdominal pain. His medication included Norco, Nexium, Lyrica and Colace. He had decreased cervical range of motion. He had tenderness of the paracervical muscles with spasm. Spurling's maneuver caused no radicular symptoms. There was no evidence of cervical radiculopathy. He was 5'6" tall and weighed 229 pounds. Lumbar range of motion was decreased and straight leg raising was positive. He had localized tenderness of the periumbilical region to palpation with no rebound. In a office note from 04/30/2014 it stated that the patient was sent to a neurosurgeon who noted that the patient's pain was out of proportion to the physical findings. He expected the patient's pain to be markedly less. On 04/30/2014 he was in no distress. Cervical range of motion was normal. He had no tenderness of the cervical spine. There was no palpable hernia of the abdominal wall. Cranial nerves were intact. Motor strength was 5/5. Gait was normal. He completed a GI consultation and an upper endoscopy was requested but denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-188.

Decision rationale: The date of injury was 09/03/2009. There was no direct neck trauma and there were no red flag signs. On 04/30/2014 there was no objective documentation of cervical radiculopathy. Also there was a normal cervical range of motion with no cervical tenderness. MTUS, ACOEM, Chapter 8 page 182 notes that cervical MRI and cervical CAT scan may be indicated to evaluate red flag signs (not present in this case) and to validate nerve root compromise in preparation for surgery or an invasive procedure. A cervical MRI would not be consistent with MTUS ACOEM guidelines. Therefore, this request is not medically necessary.

CT Scan of the Abdomen: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Harrison's Principles of Internal Medicine, 18th Edition. 2011

Decision rationale: MTUS, ACOEM and Official Disability Guidelines do not mention repeat CAT scan of the abdomen. He had repair of an abdominal wall hernia on 01/10/2010. In 2013 he had 2 CAT scans of the abdomen (05/2013, 06/2013) that each revealed no intra-abdominal acute condition. There was no hernia. He also was evaluated by a GI physician who requested an EGD and not a CAT scan of the abdomen. On 04/30/2014 he did not have an abdominal wall hernia on examination. The documentation does not support another CAT scan of the abdomen. Therefore, this request is not medically necessary.

CT Scan of the Pelvis: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Harrison's Principles of Internal Medicine, 18th Edition. 2011

Decision rationale: MTUS, ACOEM and Official Disability Guidelines do not discuss CAT scan of the pelvis. A CAT scan of the pelvis on 06/25/2013 was negative. He saw a GI physician

who requested an EGD, not a CAT scan of the pelvis. There was no documentation of any pelvic disorder. The documentation does not support the medical necessity of a repeat CAT scan of the pelvis. Therefore, this request is not medically necessary.