

Case Number:	CM14-0101131		
Date Assigned:	07/30/2014	Date of Injury:	06/06/2005
Decision Date:	08/29/2014	UR Denial Date:	06/14/2014
Priority:	Standard	Application Received:	07/01/2014

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 Texas. 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 59-year-old male who reported an injury on 06/06/2005. The mechanism of injury was not specifically stated. The current diagnosis is cervical spondylosis with myelopathy. The latest physician progress report submitted for this review was documented on 08/05/2013. It is noted that the injured worker is currently being treated for neck and low back pain. Previous conservative treatment includes medication management and compression stockings. It is noted that the injured worker underwent a multilevel fusion in the thoracic spine. The injured worker also has an IVC (Inferior Vena Cava) filter in place and has required anticoagulation secondary to a DVT (Deep Vein Thrombosis) in the past. It was determined at that time that future medical treatment should include additional thoracic spine surgery and removal of hardware followed by 24 sessions of postoperative physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT Scan of the chest: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation University of Michigan Health System, venous Thromboembolism (VTE). Ann Arbor (MI); University of Michigan Health System; 2009 Feb. 13 p. [1- references].

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pulmonary Chapter, CT (computed tomography).

Decision rationale: Official Disability Guidelines state a CT scan of the chest is recommended and is the preferred method of establishing the diagnosis of bronchiectasis. Guidelines recommend a high resolution CT scan for individuals with presumed interstitial lung disease or bronchiectasis. It is also recommended as a screening tool for the detection of lung cancer in heavy smokers. The medical necessity for the requested testing in this case has not been established. While it is noted that the injured worker has an IVC filter in place for a previous DVT, there is no documentation of an acute abnormality that would warrant the need for a CT scan at this point. There is no clinical evidence of subjective/objective findings indicating that a pulmonary embolism may be suspected. Based on the clinical information received, the request for CT Scan of the Chest is not medically necessary.