

<b>Case Number:</b>	CM14-0176956		
<b>Date Assigned:</b>	10/30/2014	<b>Date of Injury:</b>	01/30/2014
<b>Decision Date:</b>	12/10/2014	<b>UR Denial Date:</b>	10/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/24/2014

### 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 Internal 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 patient sustained an industrial injury on January 30, 2014, when he fell 20 feet off a roof. Thoracic spine CT computed tomography was performed on January 30, 2014. The report noted mild dependent atelectasis seen along both lung bases. There is a small nonspecific nodular focus in the right lung below the right hilus and the right lower lobe. Chest x-ray performed on January 30, 2014 demonstrated no acute thoracic process. CT computed tomography of the lumbar spine was completed on January 30, 2014. The CT demonstrated upper endplate fracture at L1 with 5% to 10% upper endplate depression and cortical step off at the intervertebral body margins. No other fractures was noted. Operative report dated January 31, 2014 documented open reduction internal fixation of left foot navicular fracture. X-rays of the lumbar spine dated March 6, 2014 revealed stable mild compression fracture and superior endplate depression of L1. Neurosurgical evaluation report dated March 6, 2014 documented L1 compression fracture, ankle fracture on the left side, and a pelvic fracture. When he was first examined on January 30, 2014, he did not have any neurologic deficit associated with his lumbar spine fracture. The fracture was minimal and did not require any surgical intervention. X-ray of the lumbar spine was performed which demonstrated a compression fracture at L1 that unchanged from the CT scan obtained on the day of injury. The patient had low back pain and L1 compression fracture. Radiology report dated July 15, 2014 noted L1 balloon kyphoplasty. Interventional radiology report dated 9/10/14 documented a recommendation for T12 kyphoplasty which was performed. Progress report dated 9/18/14 documented a history of left foot navicular fracture and a treatment recommendation for CT computed tomography of the left foot. CT computed tomography of the chest with and without intravenous contrast dated 10/21/14 reported no lung nodule.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CAT with and without contrast:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.nhlbi.nih.gov/health/health-topics/topics/cct>

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304, 308-310. Decision based on Non-MTUS Citation American College of Radiology ACR practice parameter for performing and interpreting diagnostic computed tomography (CT) <http://www.acr.org/~media/ADECC9E11A904B4D8F7E0F0BCF800124.pdf>

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) addresses CT computed tomography. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints states that relying solely on imaging studies to evaluate the source of low back and related symptoms carries a significant risk of diagnostic confusion (false-positive test results). Table 12-8 Summary of Recommendations for Evaluating and Managing Low Back Complaints (Page 308-310) recommends CT when cauda equina, tumor, infection, or fracture are strongly suspected and plain film radiographs are negative. American College of Radiology (ACR) practice parameter for computed tomography (CT) states that computed tomography is a radiologic modality that provides clinical information in the detection, differentiation, and demarcation of disease. CT should be performed only for a valid medical reason and with the minimum exposure that provides the image quality necessary for adequate diagnostic information. Medical records indicate a history of L1 spine fracture, pelvic fracture, left ankle fracture, left foot navicular fracture, and small nonspecific nodular focus in the right lung. Thoracic spine CT computed tomography was performed on January 30, 2014. The report noted mild dependent atelectasis seen along both lung bases. There is a small nonspecific nodular focus in the right lung below the right hilus and the right lower lobe. Chest x-ray performed on January 30, 2014 demonstrated no acute thoracic process. CT computed tomography of the lumbar spine was completed on January 30, 2014. The CT demonstrated upper endplate fracture at L1 with 5% to 10% upper endplate depression and cortical step off at the intervertebral body margins. No other fractures was noted. Operative report dated January 31, 2014 documented open reduction internal fixation of left foot navicular fracture. X-rays of the lumbar spine dated March 6, 2014 revealed stable mild compression fracture and superior endplate depression of L1. Neurosurgical evaluation report dated March 6, 2014 documented L1 compression fracture, ankle fracture on the left side, and a pelvic fracture. Radiology report dated July 15, 2014 noted L1 balloon kyphoplasty. Interventional radiology report dated 9/10/14 documented a recommendation for T12 kyphoplasty which was performed. Progress report dated 9/18/14 documented a history of left foot navicular fracture, status post open reduction internal fixation, with possible delayed union. CT computed tomography of the chest with and without intravenous contrast dated 10/21/14 reported no lung nodule. CAT with and without contrast was requested. But the body part was not specified. The patient has multiple conditions. The specific body part to be imaged with computed axial tomography (CAT) was not indicated. Without the test specification, the request for CAT with and without contrast is not supported. Therefore, the request for CAT with and without contrast is not medically necessary.

**Transfer of care to [REDACTED]: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, Chapter 7, page 127 Official Disability Guidelines: Pain Chapter, Office visits

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 75. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 7 Independent Medical Examiner Page 127

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) addresses occupational physicians and other health professionals. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 5 Cornerstones of Disability Prevention and Management (Page 75) states that occupational physicians and other health professionals who treat work-related injuries and illness can make an important contribution to the appropriate management of work-related symptoms, illnesses, or injuries by managing disability and time lost from work as well as medical care. ACOEM Chapter 7 Independent Medical Examiner (Page 127) states that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss, or fitness for return to work. A consultant may act in an advisory capacity, or may take full responsibility for investigation and treatment of a patient. Medical records indicate a history of L1 spine fracture, pelvic fracture, left ankle fracture, left foot navicular fracture, and small nonspecific nodular focus in the right lung. "Transfer of care to [REDACTED]" was the request. The physicians involved in the transfer of care were not specified. The specialties of the physicians were not specified. The patient has multiple conditions. The specific condition to be addressed was not specified. A rationale for transfer of care was not presented. Because the request was fully specified, Transfer of care to [REDACTED] is not supported. Therefore, the request for Transfer of care to [REDACTED] is not medically necessary.