

Case Number:	CM14-0055801		
Date Assigned:	07/09/2014	Date of Injury:	12/28/2011
Decision Date:	08/25/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	04/25/2014

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 Occupational 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] employee who has filed a claim for chronic neck, mid back, and low back pain reportedly associated with an industrial injury of December 28, 2011. Thus far, the claimant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; opioid therapy; and work restrictions. In a Utilization Review Report dated April 24, 2014, the claims administrator denied a request for MRI imaging of the thoracic spine and CT scanning of the chest. The claimant's attorney subsequently appealed. In a handwritten note of April 10, 2014, the attending provider sought authorization for MRI imaging of the thoracic spine to rule out a herniated disk and CT scanning of the chest. The rationale for the CT scanning of the chest was not clearly stated. The claimant did present with chest and mid back pain, it was stated. Celebrex, Norco, and a permanent 35-pound lifting limitation were endorsed. In a narrative report of April 10, 2014, the claimant was described as reporting low back and thoracic spine pain, 7/10, exacerbated by activity. The claimant denied any radiation of pain to the arms. The claimant was using Norco for pain relief. The claimant was driving and working full time, it was noted, albeit with pain. Pain was appreciated about the ribs and mid thoracic region despite 5/5 upper extremity strength noted. The attending provider stated that the claimant had persistent tenderness about the ribs and mid back. The attending provider again noted that there was severe complaints of pain. The attending provider stated a CT scan of the chest could be employed to evaluate for a bone rib fracture. Norco, Celebrex, and a 30-pound lifting limitation were endorsed. MRI imaging of the thoracic spine was also sought in consideration of future selective spinal injections, it was stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI scan, Thoracic Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Integrated Treatment, Disability Duration Guidelines, Neck and Upper Back (Acute & Chronic), Magnetic Resonance Imaging (MRI).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: The MTUS/ACOEM Guidelines note that MRI or CT scanning is recommended to evaluate for red-flag diagnoses such as fracture, tumor, and/or infection, in this case, however, the attending provider stated that he intends to employ the proposed thoracic MRI to evaluate for disk bulge, facet pathology, and/or degenerative segment disease in consideration of future spinal injections. These issues do not represent red-flag issues for which MRI imaging of the thoracic spine is indicated, per ACOEM, particularly, given the employee's well-preserved motor function about the bilateral upper extremities. Therefore, the request for a MRI scan of the thoracic spine is not medically necessary and appropriate.

CT scan of the Chest: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision on the Non-MTUS Official Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic), Computed Tomography (CT).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision on the Non-MTUS UpToDate.com, Initial Evaluation and Management of Rib Fractures <http://www.uptodate.com/contents/initial-evaluation-and-management-of-rib-fractures>.

Decision rationale: The MTUS does not address the topic. As noted in the comprehensive review of literature undertaken in UpToDate.com, plain film radiographs of the chest are adequate to identify most rib fractures. While UpToDate does establish some limited role for CT scanning of the chest in employees in whom hemothorax, pneumothorax, and other signs of intrathoracic injury are suspected, in this case, however, there is no clearly voiced suspicion of any pneumothorax, hemothorax, or other signs of intrathoracic injury which would compel CT scanning of the chest. The employee is independently ambulatory. The employee exhibited a normal gait on April 10, 2014. Furthermore, there was no mention of the employee exhibiting any difficulty breathing or speaking. Therefore, the request for a CT scan of the chest is not medically necessary and appropriate.