

Case Number:	CM14-0062902		
Date Assigned:	07/11/2014	Date of Injury:	04/15/2010
Decision Date:	10/30/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	05/05/2014

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 is a 34 year old female who was injured on 04/15/2010. The mechanism of injury is unknown. Progress report dated 06/05/2014 states the patient complained of pain with prolonged standing or sitting and shortness of breath. She continues with posterior and lateral side pain but back pain is decreased. It was noted that her chest pain may be due to her Lupus. On exam, lungs are clear to auscultation and equal bilaterally. She continued to have a catch or sharp pain with deep inhalation bilaterally. Lumbar spine forward flexion is limited to fingertips to the knees, with some discomfort. Her extension is decreased with pain and seated straight leg raise is positive on the right and negative on the left. She is diagnosed with low back pain, right lower extremity radiculopathy, status post right L5 hemi-laminectomy; status post L5-S1 microdiscectomy times two. According to the UR, the patient was seen on 04/19/2014 with complaints of low back pain. She was recommended for CT angiogram. This patient was noted to have deep vein thrombosis and pulmonary embolism which was being treated with Coumadin. Prior utilization review dated 04/16/2014 states the request for CT angio of the chest is denied as no further action at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT angio of the chest: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation

<http://www.ncbi.nlm.nih.gov/pubmed/22914121>Nance Jr,John William,Fabian Bamberg, and U.Joseph Schoepf."Coronary computed tomography angiography in patients with chronic chest pain:systemic review of evidence base and cost effectiveness." Journal of Thoracic Imaging 27.5 (2012): 277-288

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.med-ed.virginia.edu/courses/rad/ctpa/01intro/intro-01-01.html>

Decision rationale: The guidelines recommend CT angiogram of the chest to evaluate for pulmonary embolism, certain pulmonary diseases, and other acute thoracic blood vessel disease. CT angio of the chest is generally used in the acute setting for evaluation of the above illnesses. This patient has a history of pulmonary embolism and remains on Coumadin therapy. It is unclear why a repeat CT study is needed at this time and it is not evident how such testing would alter management at this point. The clinical documents did not discuss why the test is being ordering and how the results would change the treatment regimen. Additionally, the patient has had CT angiogram of the chest in the past and it is unclear why a repeat study is needed at this time. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.