

Case Number:	CM14-0190789		
Date Assigned:	11/24/2014	Date of Injury:	11/18/2013
Decision Date:	01/09/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	11/14/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 66 year old female with an injury date on 11/18/13. Patient complains of improved back pain, and worsening neck pain left greater than right, with occasional popping sensation with movement, leading to headaches bilateral right greater than left per 10/30/14 report. The patient also has intermittent numbness/tingling/burning in her bilateral upper extremities, with left-sided symptoms more recent, and more weakness and difficulty holding onto items on the right side per 10/30/14 report. The neck/back pain are both rated 8/10, and the patient is able to manage pain with NSAIDs and muscle relaxants only (Tramadol used only when necessary) per 10/10/14 report. The patient states that medications brings her pain down from 9/10 to 8/10 but occasionally becomes nauseous and constipated per 10/1/14 report. Based on the 10/30/14 progress report provided by the treating physician, the diagnoses includes s/p C5-6 fusion May 2011, probable cervical radiculopathy, pseudoarthrosis of hardware at cervical fusion, compression fracture at L1 with marrow edema present, lumbar disc herniation's with neural foraminal narrowing and compression fracture at T12 with marrow edema present. A physical exam on 10/10/14 showed "Patient is wearing a TLSO brace after a compression fracture at T12 as shown by T-spine X-ray from 7/15/14 and decreased sensation in right C6-C8 dermatomes." The patient's treatment history includes medications (Naproxen, Flexeril, Tramadol), lumbar brace, chiropractic (12 sessions, electrical stimulation helped somewhat, but recently discontinued due to lack of improvement). The treating physician is requesting CT scan of the thoracic spine. The utilization review determination being challenged is dated 11/11/14 and denies request as the fracture at T12 has not been indicated for kyphoplasty. The requesting physician provided treatment reports from 7/15/14 to 10/30/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT scan of the thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: This patient presents with back pain, neck pain, and numbness in right upper extremity. The physician has asked For CT scan Of the Thoracic Spine on 10/30/14 "to further evaluate the compression T12 because the CT scan is the best study to evaluate for retro pulsed bone fragments, a contraindication to kyphoplasty." The patient had an X-ray of the thoracolumbar spine from 7/15/14 that showed a "compression fracture at T12 with about 20-30% anterior height loss" per 10/10/14 report. Patient had a CT scan of the lumbar dated 9/24/14 that showed "degenerative disc disease and facet arthropathy with Grade I anteriorlistesis L3-4 and retrolisthesis L4-5 and compression deformity of the L1 vertebral body with loss of vertebral body height." ACOEM does not address CT scans for the thoracic spine, but regarding CT scans for the lumbar, ACOEM recommends when cauda equina, tumor, infection, or fracture are strongly suspected and plain film radiographs are negative. The patient recently had a kyphoplasty done at L1 and is awaiting authorization of kyphoplasty at T12 per 10/30/14report. In this case, the patient has continued back/neck pain. The physician is requesting a lumbar CT, to evaluate for retro pulsed bone fragments, a contraindication for the proposed kyphoplasty at the T12 fracture. However, there is already a CT scan from 9/24/14 that does not discuss any retro pulsed bone fragment at T12 level. The physician does not explain why another set of CT scan is needed. Therefore the request is not medically necessary.