

Case Number:	CM14-0208775		
Date Assigned:	12/22/2014	Date of Injury:	01/15/2004
Decision Date:	03/12/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	12/12/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 72-year-old male who reported an injury on 01/15/2004. The injury reportedly occurred while the injured worker was replacing a heater. He was diagnosed with chronic airway obstruction. His past treatments were noted to include medication and surgery. On 11/18/2014, it was noted the patient was sent for a chest x-ray, and there were no significant interval changes between 07/2011 and present. There was no focal airspace consolidation and no pneumothorax. There was a probably old right healed rib fracture, which was probably operatively involved. Upon physical examination, it was noted that the injured worker felt about the same as previously. The treating physician indicated the injured worker was not getting any additional treatment. It was noted that the injured worker's white count was 11.7 with left shift on the differential with 7,839 neutrophils. Otherwise, the differential was normal. His PSA was 1.6. His current medications were noted to include Celebrex 200 mg 4 times a day, gabapentin 100 mg 3 times a day, and hydrocodone 5/325 mg every 8 hours as needed for pain. Treatment plan included medications. On 12/31/2014, the patient went in for a follow-up and refill of medications. He reported back pain and a little cough that has been unchanged. It was noted the patient had pneumonia vaccine in the past. Physical examination revealed lungs were clear. Able to cough up the sputum, which was clear. Negative chest x-rays from a few months ago was noted. Treatment plan was noted to include refill of medications. A Request for Authorization was not submitted.

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 without contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2014, Pulmonary, CT (computed tomography).

Decision rationale: The request for CT scan of the chest without contrast is not medically necessary. The Official Disability Guidelines recommend computed tomography in individuals with presumed interstitial lung disease or bronchiectasis. Additionally, the guidelines suggest CT for preoperative staging and posttherapeutic evaluation of bronchogenic carcinoma. The clinical documentation submitted for review indicated that the patient had a chest x-ray, which revealed no abnormalities. The treating physician did not provide a rationale as to why the CT of the chest was needed, as the chest x-rays performed a few months ago revealed no abnormalities. Furthermore, there was no indication that the patient was needing a CT for preoperative surgical planning. Given the above information, the request is not supported by the guidelines. As such, the request for CT scan of the chest without contrast is not medically necessary.