

Case Number:	CM15-0009165		
Date Assigned:	01/27/2015	Date of Injury:	10/15/2011
Decision Date:	03/18/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/15/2015

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: Texas, Ohio, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 53-year-old who has filed a claim for chronic low back, mid back, and hip pain reportedly associated with an industrial injury of October 15, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; earlier thoracic fusion surgery; earlier left and right hip replacement surgery; unspecified amounts of physical therapy; a walker; and topical compounds. In a Utilization Review Report dated January 6, 2015, the claims administrator failed to approve request for a CT scan of the thoracic spine. The claims administrator referenced an RFA form of December 20, 2014 and progress note of December 17, 2014 in its determination. The applicant's attorney subsequently appealed. In an appeal letter dated January 15, 2015, the attending provider stated that the applicant had a lengthy history of issues associated with chronic low back pain. The applicant apparently had a history of a T11 compression fracture. The applicant had electro-diagnostically confirmed lumbar radiculopathy multilevel it was noted. The applicant had apparently received intrathecal pain pump in May 2013. The applicant was apparently wheelchair bound it was stated. The applicant also received a hip replacement surgery. The applicant was receiving home health aide who was assisting perform activities of daily living as basic as bathing, changing clothes, walking, and standing. About the bilateral lower extremities. The applicant was wheelchair bound and obese, it was stated. The attending provider reiterated that the applicant had undergone three-level thoracic fusion procedure to ameliorate T12 burst fracture in January 2012. The attending provider stated that the applicant had consulted a spine surgeon in August 2014 who recommended a thoracic spine MRI to rule out a new compressive phenomenon as the source of

the applicant's lower extremity weakness and atrophy. The request for a thoracic spine CT was reiterated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Computed Tomography (CT) Scan Of The Thoracic Spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178, 182.

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

Decision rationale: Yes, the request for a CT scan of the thoracic spine is medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182, MRI or CT imaging is "recommended" to validate a diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for an invasive procedure. Here, the treating provider and the applicant's spine surgery have seemingly suggested that the applicant may be a candidate for further thoracic spine surgery. The applicant had a history of previous multilevel thoracic fusion surgery. The applicant is apparently wheelchair bound. The applicant has lower extremity muscle atrophy and lower extremity muscle weakness. Obtaining CT imaging of the thoracic spine to search for the source of the applicant's residual lower extremity weakness, thus, is indicated, particularly in light of the fact that the request appears to have been initiated by a spine surgeon, increasing the likelihood of the applicant's acting on the outcome of the same. Therefore, the request is medically necessary.