

Case Number:	CM15-0191253		
Date Assigned:	10/05/2015	Date of Injury:	10/15/2009
Decision Date:	11/10/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/29/2015

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: California, Indiana, New York
 Certification(s)/Specialty: Internal 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 injured worker is a 65 year old male with an industrial injury date of 10-15-2009. Medical record review indicates chronic back and neck complaints, right shoulder impingement, soft tissue mass of unknown etiology, left anterior chest-sternal pain with costochondritis symptom, lumbar radiculopathy, herniated nucleus pulposus of the lumbar spine with stenosis and degenerative disc disease with facet arthropathy and retrolisthesis at cervical 4 through cervical 5 and canal stenosis cervical 3 through cervical 7 and neural foraminal narrowing cervical 2 through cervical 7. Subjective complaints (06-10-2015) included neck and right shoulder pain. The provider indicates the injured worker reported no significant changes since last visit. "The patient is not currently working and does not remember his last day of work." The injured worker was complaining of aching neck pain with radiation of numbness and aching pain to the bilateral upper extremities and extending into the bilateral hands. He rated his pain as 7 out of 10 on the pain scale. He also noted low back pain with radiation of numbness to bilateral lower extremities. His medications included Ultracet and topical Ketoprofen. Prior treatment included 50 sessions of physical therapy, 15 sessions of chiropractic care, 20 sessions of acupuncture and medications. Objective findings (06-10-2015) included antalgic gait with the use of a single point cane. There was tenderness to palpation of the left cervical paraspinal with decreased range of motion of cervical spine. The treating physician indicated the CT request was for "his history of blunt trauma to the chest." On 09-02-2015 the request for Chest CT (computerized tomography) scan was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chest CT (computerized tomography) scan: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pulmonary - Computerized tomography (CT).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pulmonary section, Computed tomography (CT).

Decision rationale: Pursuant to the Official Disability Guidelines, chest CT (computed tomography) scan is not medically necessary. The guidelines recommend CT scanning as the preferred method of establishing the diagnosis of bronchiectasis. CT scanning is the recommended imaging study in the evaluation of individuals with presumed interstitial lung disease or bronchiectasis. CT scanning chest is the main imaging technique for preoperative staging and post therapeutic evaluation of bronchogenic carcinoma. In this case, the injured worker's working diagnoses are chronic back and neck complaints; right shoulder impingement; soft tissue mass unknown etiology; left anterior chest/sternal pain with costochondritis symptoms; skin cancer per the patient; lumbar radiculopathy; HNP lumbar spine with stenosis; and degenerative disc disease with facet arthropathy and retrolisthesis C4 - C5. Date of injury is October 15, 2009. Request for authorization is June 10, 2015. According to a June 10, 2015 progress note, subjective complaints include ongoing neck pain and right shoulder pain with radiation to the bilateral upper extremities. There are no significant new symptoms. There is no shortness of breath or dyspnea on exertion. The injured worker received 20 acupuncture treatments, 50 physical therapy sessions and 15 chiropractic sessions. Objectively, the injured worker ambulates with the cane. There is tenderness to palpation over the left cervical paraspinal muscles. There is no lung examination. There is no diagnosis of bronchiectasis. There is no clinical indication or rationale for a chest computed tomography scan. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no clinical indication or rationale for a chest computed tomography scan and guideline non-recommendations according to the clinical facts in the medical record, chest CT (computed tomography) scan is not medically necessary.