

Case Number:	CM15-0034395		
Date Assigned:	03/02/2015	Date of Injury:	01/01/2001
Decision Date:	04/13/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	02/23/2015

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

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 55-year-old male, who sustained an industrial injury reported on 1/1/2001. He reported unremitting back pain that radiates around the ribcage, and increased frustration, anxiety and depression. A second industrial injury in 1194, to his mid back with fracturing of 4 vertebrae, was noted. The diagnoses were noted to include lumbar spinal stenosis; and psuedoarthrosis, and loosened hardware, at thoracic 10, status-post a remote fusion at thoracic 10 - sacral 1 (with retained hardware). Treatments to date have included consultations; diagnostic imaging studies; psychological evaluation (11/7/14); physical therapy sessions; lumbosacral orthopedic brace; crutches; and medication management with opioid dependence rehabilitation. The work status classification for this injured worker (IW) was noted to be temporarily totally disabled. A recent history notes an approval, in 4/2015 versus 5/1/2014, for a computed tomography scan of the thoracic spine, without contrast, and unknown if completed. The comprehensive multi-disciplinary pain management evaluation report of 11/7/2014, notes a computed tomography of the thoracic spine was done on 5/12/2014, with conclusions provided. In 2015, complaints of radiating back pain to around the rib cage, tenderness to the thoracic 10-11 spine area, loss of weight, and tests & x-rays that noted radiolucency around the thoracic 10 screw suggestive of loosening, and wedging at that vertebra were noted. On 2/13/2015, Utilization Review (UR) non-certified, for medical necessity, the request, made on 2/5/2015, for computed tomography scan of the thoracic spine without contrast, as per the request of the IW. The Medical Treatment Utilization Schedule, the American College of Occupational and Environmental Medicine Guidelines, low back chapter, imaging studies; and the Official

Disability Guidelines - online version, low back chapter, computed tomography, thoracic spine, and were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT scan to the thoracic spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287, 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC) 2014: Online Version: Low Back Chapter (updated 3/31/2014).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Low back Chapter, CT scans.

Decision rationale: This patient presents with back pain that radiates around his ribcage, more to the right than left. Examination revealed tenderness over the T10-11 segment. The current request is for CT SCAN T/S. The medical file does not include a Request for Authorization form. ODG guidelines, Low back Chapter under CT scans of the lumbar spine states: "Not recommended except for indications below for CT. Magnetic resonance imaging has largely replaced computed tomography scanning in the noninvasive evaluation of patients with painful myelopathy because of superior soft tissue resolution and multiplanar capability. Indications for imaging: Thoracic spine trauma: equivocal or positive plain films, no neurological deficit- Thoracic spine trauma: with neurological deficit- Lumbar spine trauma: trauma, neurological deficit- Lumbar spine trauma: seat belt -chance- fracture- Myelopathy -neurological deficit related to the spinal cord-, traumatic- Myelopathy, infectious disease patient- Evaluate pars defect not identified on plain x-rays- Evaluate successful fusion if plain x-rays do not confirm fusion." X-rays of the thoracic spine revealed "evidence of radiolucent around the T10 screw suggestive of loosening. There is wedging of the T10 vertebral body. There is spondylotic changes from T8 through T10." The treating physician is recommending a revision posterior fusion at T10 and is requesting a preoperative CT scan. ODG supports CT scans to evaluate prior fusion and for surgical planning. This request IS medically necessary.