

Case Number:	CM15-0081574		
Date Assigned:	05/04/2015	Date of Injury:	10/28/2004
Decision Date:	06/16/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	04/28/2015

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: Colorado

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 54 year old male sustained an industrial injury to the head, back and neck on 10/28/04. Previous treatment included magnetic resonance imaging, multiple spinal surgeries including cervical fusion and lumbar fusion, aquatic therapy, physical therapy, injections, nerve blocks and medications. Magnetic resonance imaging lumbar spine (3/10/15), showed a multiloculated fluid collection in the paraspinal soft tissues that was noted to most likely represent a seroma, but abscess could not be excluded. In a supplemental report dated 4/9/15, the physician noted that the possibility of abscess should be carefully examined with the use of laboratory studies prior to considering any type of spinal surgery. The physician noted that previous surgeries did not improve the condition in regard to pain or function. The treatment/evaluation plan included laboratory studies (C-reactive protein, sedimentation rate and blood and urine cultures), echocardiogram, bone scan of the spine and a nuclear whole body scan. Laboratory studies dated 4/15/15 revealed white blood cells and C-reactive protein within normal limits.

IMR ISSUES, DECISIONS AND RATIONALES

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

SED Rate Lab: Overturned

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 National Guidelines Clearinghouse.

Decision rationale: The MTUS, ACOEM, and ODG do not address the issue of laboratory studies, so the National Guidelines Clearinghouse was consulted. Based on guidelines for evaluation of possible spinal infection prior to surgical procedure, CRP/ESR can be used to help define diagnosis. The "CRP/ESR" referred to in the guidelines clearinghouse can be interpreted as either/or, and alternatively can be interpreted as inclusive of both tests. As the guidelines do not clearly establish an either/or status for the 2 lab tests, checking both tests in the setting of possible infection noted to be of concern in this patient is appropriate and still meets criteria for the guidelines available. The request for ESR is medically necessary.

1 Echocardiogram: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The National Guideline Clearinghouse, American College of Radiology.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guidelines Clearinghouse.

Decision rationale: The MTUS, ACOEM, and ODG do not address the subject of Echocardiogram, so the National Guidelines Clearinghouse was consulted. Based on available evidence, the guidelines recommend transesophageal echocardiogram for evaluation of chest pain and to rule out valvular disease including vegetation / endocarditis. As a resting test, it would fall well below other testing such as stress ECHO or stress testing with nuclear imaging as the recommended test to define causes of chest pain. A resting ECHO would be the recommended test of choice to evaluate for endocarditis. For the patient of concern, he has some ongoing "rib cage pain," but has no documented physical findings or historical factors that would increase clinical suspicion for endocarditis. There is no documentation to support the need for evaluation for possible endocarditis, and other testing would be more appropriate if the goal was to evaluate for possible ischemic chest pain, so the request for Echocardiogram is not medically necessary.

1 Whole Body Scan (WBC): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 178 and 303.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guidelines Clearinghouse.

Decision rationale: The MTUS, ACOEM, and ODG do not address the subject of Whole Body Scan, so the National Guidelines Clearinghouse was consulted. Based on available evidence, the guidelines recommend whole body scan for further evaluation of patients with known tumors and/or metastases. The whole body scan is not a recommended test for evaluation of general infection. For the patient of concern, he has a pending spinal bone scan to determine if he has findings concerning for infection in the spine. If those findings are concerning for osteomyelitis or tumor, then a whole body scan may be indicated. However, as there is no documentation that patient even has bony involvement with infection or tumor, a whole body scan at this point is premature and not medically necessary.