

Case Number:	CM14-0163746		
Date Assigned:	10/08/2014	Date of Injury:	03/13/1998
Decision Date:	11/07/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/06/2014

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 69-year-old female caregiver sustained an industrial injury on 3/13/98. Injury occurred when she was attacked and slammed into the bedroom floor multiple times. Past medical history was positive for smoking one pack per day for 45 years and osteoporosis. Past surgical history was positive for lumbar fusion at L4/5. The 7/29/14 thoracic spine CT scan impression documented compression deformity at T7, T8, and T12 vertebral bodies, T7 and T8 greater than T12 with adjacent degenerative disc disease, and mild to moderate canal stenosis suggested at T7 and T8. The 8/6/14 thoracic spine MRI impression demonstrated a marked compression fracture at T7 not present on the prior study. There was a compression fracture at T8 with retropulsion of T8 and a resultant kyphosis that indented the spinal cord producing moderate spinal canal narrowing and impinging on the T8 exiting nerve roots. There was a non-acute compression fracture at T12. There were central focal disc protrusions at T9/10, T10/11, and T11/12 abutting the thecal sac. The 9/24/14 treating physician report cited neck and back pain ranging from grade 5-9/10. Mid-back pain continued to increase. Pain, numbness and tingling radiated down both lower extremities to the feet. Activity levels were severely limited due to pain. She was using a walker, cane, or wheelchair for ambulatory assistance as her legs are weak and had given out on her. She was wearing a thoracolumbar spine orthosis only as needed because it was very uncomfortable. Physical exam documented severely antalgic gait, tenderness to palpation over T7 and T12, intact upper and lower extremity sensation, and hypo-reflexive patellar and Achilles reflexes bilaterally. Deltoid, biceps, and internal/external rotator strength was 5-/5, with the remainder upper extremity muscle strength 4+/5. Lower extremity muscle testing was 4+/5 except for psoas that was 4/5 bilaterally. The treatment plan recommended continued pain management follow-ups and a bone scan to further evaluate the compression/burst fractures. The 10/3/14 utilization review denied the requests for pain management follow-up and a bone scan as

these items had been certified on 9/10/14 and there was no documented medical necessity for additional services beyond that already certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Pain management follow-up: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck & Upper Back (Acute & Chronic) Official Disability Guidelines: Lumbar & Thoracic (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Independent Medical Examinations and Consultations, page(s) 127

Decision rationale: The California MTUS guidelines support referral to a specialist if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. This patient is under the care of a pain management physician who requested follow-up in 4 weeks on 8/20/14. This follow-up visit was certified in utilization review on 9/10/14 with no evidence that it had been completed or that authorization had expired. There is no compelling reason to support the medical necessity of additional follow-up at this time, beyond care currently certified. Therefore, this request is not medically necessary.

1 Bone scan: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic, Bone scan

Decision rationale: The California MTUS guidelines do not provide specific recommendations for bone scans. The Official Disability Guidelines state that bone scan is not recommended, except for bone infection, cancer, or arthritis. Records indicate that a bone scan was certified in utilization review on 9/10/14. There is no documentation that this scan was completed or that additional certification is required. CT scan and MRI imaging have been provided to assess the thoracic compression fractures. The medical necessity of additional imaging has not been established relative to how it would change the treatment plan. Therefore, this request is not medically necessary.

