

Case Number:	CM14-0080570		
Date Assigned:	07/18/2014	Date of Injury:	08/14/2006
Decision Date:	09/30/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/02/2014

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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Texas and Florida. 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:

The patient is a 51 year old who was injured on 8/14/2006. The diagnoses are thoracic spine pain, bilateral shoulder pain, knee pain, and insomnia. There are associated diagnoses of sleep apnea, traumatic brain injury, memory dysfunction and tumor resection of the thoracic spine following injury and electrocution. The past surgery history is significant for shoulder, knee and thoracic surgeries. On 6/25/2014, Kimberly Optiz PA-C noted subjective complaints of right shoulder pain and memory difficulties. The patient was noted to use I-Phone to remember scheduled activities. It was recommended that the patient undergo CT thoracic as surveillance re-evaluation of the thorax following the tumor resection. A Utilization Review determination was rendered on 5/21/2014 recommending not medically necessary for CT thoracic spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT Scan of the Thoracic Spine to Include Paraspinal Region: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter. Neck and Upper back.

Decision rationale: The CA MTUS and the Official Disability Guidelines recommend that further imaging studies can be utilized in the management of chronic back pain when there are progressive neurological deficits or to evaluate the presence of 'red flags' conditions. The records indicate that the patient had resection of a tumor from the thoracic spine. The treating physicians indicated that it was recommended that the patient undergo periodic CT of the thoracic spine as a follow up surveillance for detection of possible recurrence. The criteria for CT thoracic spine were met.