MAXIMUS Federal Services

Case Number:	CM15-0174732		
Date Assigned:	09/16/2015	Date of Injury:	11/05/2013
Decision Date:	10/23/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	09/04/2015

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 48 year old male who sustained an industrial injury on 11-5-13. A review of the medical records indicates he is undergoing treatment for thoracic back pain, low back pain, lumbar disc pain, possible lumbar radicular pain, chronic pain syndrome, myofascial pain, and history of thoracic spine fracture. Medical records (6-10-15 to 8-7-15) indicate ongoing complaints of mid and low back pain with numbness in the right anterior thigh. His pain rating was noted to be 4-5 out of 10. The 6-10-15 progress note indicates that the injured worker was having "increased pain in the med back, lately, and is not sure why". The treating provider indicated that his pain was "worse since the last appointment". The physical exam (8-7-15) indicates "moderate" spasm in the thoracic and lumbar paraspinal muscles with tenderness. Flexion was limited due to increased pain. Extension was within normal limits. Strength and sensation was noted to be within normal limits of the lower extremities. Straight leg raise was noted to be positive on the left and negative on the right. His medications include Norco, Amitriptyline, and Meloxicam. Diagnostic studies have included an MRI of the lumbar spine. Request for authorization for EMG-NCS of bilateral lower extremities and a CT of the thoracic spine are pending. Treatment has included medications, an H-wave unit - which was noted to "not provide significant relief", although pain rating went from 5 out of 10 to 4 out of 10 with use (7-10-15), and a home exercise program. The medications were noted to "increase activities of daily living" (7-10-15). The Request for Authorization (8-10-15) includes "appeal of denied CT scan of thoracic spine" and "appeal of denied EMG-NCS of bilateral lower extremities". The utilization review (8-14-15) indicates denial of the request for CT scan of thoracic spine, stating

that the "medical records provided for this review note that the patient denied new symptoms or neurological changes" and the provider made the request "because of increasing pain in the back when the patient had fractures of T5, 6, 7, 8 based on the report given to the provider". The determination states that the "CT is requested in preparation for an orthopedic consultation" and that "the provider does not have actual report by the radiologist".

IMR ISSUES, DECISIONS AND RATIONALES

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

CT scan thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Lumbar & Thoracic.

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 Chapter, under CT (computed tomography).

Decision rationale: The patient presents on 08/07/15 with mid and lower back pain rated 5/10 without medications, 2/10 with medications. The patient's date of injury is 11/05/13. The request is for CT Scan Thoracic Spine. The RFA was not provided. Physical examination dated 08/07/15 reveals tenderness to palpation of the thoracic and lumbar paraspinal muscles, positive straight leg raise test on the right, moderate spasm in the thoracic and lumbar paraspinal muscles. Sensation and strength is noted to be intact in the lower extremities. The patient is currently prescribed Norco, Elavil, and Mobic. Patient is currently not working. Official Disability Guidelines, Low Back - Lumbar & Thoracic Chapter, under CT (computed tomography) Section 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. If there is a contraindication to the magnetic resonance examination such as a cardiac pacemaker or severe claustrophobia, computed tomography myelography, preferably using spiral technology and multiplanar reconstruction is recommended. 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. In regard to the request for a repeat thoracic CT, the patient does not meet guideline criteria. Per 08/07/15 progress note, the provider states the following: "It has been a few years since the patient has had a CT of the thoracic spine and he feels that his pain has been getting worse... The patient has a fracture that can only be seen on CT. He has chronic pain that is getting worse. He gets nerve pain that radiates from the mid back around his ribs on the right." While the provider feels as though repeat CT imaging is necessary to observe this patient's thoracic fracture, the physical examination findings do not indicate any neurological deficit in the thoracic or lumbar spines. There is no evidence of "red flags", an acute re-injury, or any neurological decline aside from

subjective pain complaints. Without evidence of progressive neurological compromise or other "red flags" indicative of significant decline, repeat imaging cannot be substantiated. The request is not medically necessary.