

Case Number:	CM15-0078662		
Date Assigned:	04/29/2015	Date of Injury:	12/10/2013
Decision Date:	06/05/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	04/24/2015

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: Emergency Medicine

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 28-year-old female, with a reported date of injury of 12/10/2013. The diagnoses include status post thoracic fusion with moderate residual pain. Treatments to date have included an MRI of the thoracic spine on 12/19/2014 which showed degenerative discogenic spondylosis at T6-7, desiccated intervertebral discs at T6-7 through T8-9, and focal central disc protrusion at T6-7 and T8-9; an x-ray of the thoracic spine on 12/03/2014 which showed mild multilevel endplate sclerosis and mild narrowing of the intervertebral disc spaces in the upper thoracic segment; and oral medications. The Qualified Medical Evaluation dated 12/12/2014 indicates that the injured worker had a history of injury to the mid back (thoracic spine). She complained of pain to both sides of her upper mid back. She rated the pain 8 out of 10. The pain was described as aching, spasm, and throbbing. An examination of the thoracic spine showed decreased range of motion, muscle tightness over the bilateral thoracic paraspinals, spinous process, and transverse processes, and tightness of the mid trapezius, spine of scapulae, rhomboids, and serratus posterior latissimus dorsi musculatures. The treating physician requested a computerized tomography (CT) scan of the thoracic spine with reconstruction. On 04/13/2015, Utilization Review (UR) denied the request and noted that there was no documentation about what the attending provider was hoping to find on the CT scan that was not seen on the MRI scan; and no documentation of symptoms of thoracic radiculopathy or myelopathy on examination.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT of the thoracic spine with reconstruction: Upheld

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 Page(s): 177-178.

Decision rationale: As per ACOEM guidelines, indications for back imaging include “red flag” findings, physiological evidence of neurological or physiological dysfunction, failure to progress in strengthening program and pre-invasive procedure. The documentation does not support any indication for imaging. There is no documentation of worsening symptoms. The neurological exam was unchanged. Patient has had extensive MRIs of spine with last imaging done 4 months prior to request. There is no rationale provided for request for CT. CT Scan of thoracic spine is not medically necessary.