MAXIMUS Federal Services

Case Number:	CM15-0093832		
Date Assigned:	05/20/2015	Date of Injury:	07/23/2013
Decision Date:	06/25/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/15/2015

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: 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:

The injured worker is a 63 year old female, who sustained an industrial injury on 07/23/2013. She has reported subsequent neck and back pain and was diagnosed with cervical disc disease, cervical facet syndrome, thoracic discopathy and thoracic radiculopathy. Treatment to date has included oral pain medication, acupuncture, physical therapy and surgery. In a progress note dated 03/24/2015, the injured worker complained of neck pain on the right side and thoracic pain. Objective findings were notable for moderate tenderness with spasm noted over the right side of the cervical paravertebral musculature, right trapezius muscles and right rhomboid muscles, facet tenderness to palpation over the right C4 spinous process, decreased cervical range of motion and decreased sensation in the C7 dermatome and mid thoracic spine pain in the right T6-T10. A request for authorization of CT scan of the thoracic spine, urine drug screen and cervical traction for home use was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT scan of thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Harris J, Occupational Medicine Practice Guidelines, 2nd Edition (2004) - p. 181-183.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines, Lumbar & Thoracic Chapter.

Decision rationale: According to the ACOEM guidelines, imaging of the low back should be reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. Red flags consist of fracture, tumor, infection, cauda equina syndrome/saddle anesthesia, progressive neurologic deficit, dissecting abdominal aortic aneurysm, renal colic, retrocecal appendix, pelvic inflammatory disease, and urinary tract infection with corresponding medical history and examination findings. According to ODG, Indications for Computed tomography consist of - 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 this case, there is no evidence of radiculopathy stemming from the thoracic spine on clinical examination and there is no evidence of red flags that would support the request for advanced thoracic imaging. The request for CT scan of thoracic spine is not medically necessary or appropriate.

Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 94-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing, Opioids, criteria for use Page(s): 43, 78.

Decision rationale: The CA MTUS chronic pain medical treatment guidelines recommend the use of drug screening for patients with issues of abuse, addiction, or poor pain control. The MTUS guidelines recommend drug testing to assess for the use or the presence of illegal drugs. The medical records do not establish that the injured worker has issues of abuse, addiction or poor pain control, or that there is concern for illegal drug use to support the request for urine drug screen. The request for Urine drug screen is not medically necessary or appropriate.

Cervical traction unit for home use: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Harris J, Occupational Medicine Practice Guidelines, 2nd Edition (2004) - p. 181-183.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation Official Disability Guidelines Neck and Upper Back Chapter.

Decision rationale: According to the ACOEM guidelines, there is no high grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction. According to the Official Disability Guidelines, traction is recommend home cervical patient controlled traction (using a seated over-the-door device or a supine device, which may be preferred due to greater forces), for patients with radicular symptoms, in conjunction with a home exercise program. The injured worker is noted to have evidence of decreased sensation in the C7 dermatome and the request for home cervical traction unit is supported. The request for cervical traction unit for home use is medically necessary and appropriate.