

Case Number:	CM15-0098198		
Date Assigned:	05/29/2015	Date of Injury:	10/15/2001
Decision Date:	07/02/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/21/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 35-year-old who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of October 15, 2001. In a Utilization Review report dated April 22, 2015, the claims administrator failed to approve a request for CT imaging of the thoracic spine without contrast. The claims administrator referenced a RFA form received on April 20, 2015 in its determination, along with progress notes of January 7, 2015 and February 5, 2015. The applicant's attorney subsequently appealed. On May 1, 2015, the applicant reported ongoing complaints of low back pain radiating to the lower extremities, 8/10. Ancillary complaints of migraines were reported. Sitting, standing, and walking remained problematic. The attending provider stated that he was awaiting CT scans of the thoracic and lumbar spines to check for lead placement due to increased pain. The applicant was given refills of Exalgo, oxycodone, Opana, Provigil, Xanax, and Valium. The attending provider stated that he will follow up with the applicant in four weeks to assess medication management issues and/or to determine whether the applicant's spinal cord stimulator leads were in fact properly placed. The applicant did receive trigger point injections on this date. In a February 5, 2015 progress note, the attending provider apparently endorsed CT imaging of the thoracic and lumbar spine to evaluate the integrity of previously implanted spinal cord stimulator leads. Severe pain complaints in the 8.5/10 range were reported, impacting the applicant's ability to sit, stand, and walk. The applicant's work status was not detailed, although it did not appear that the applicant was working.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT Scan Thoracic without Contrast: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ACOEM Cervical and Thoracic Spine Disorders.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

Decision rationale: The request for a CT scan of the thoracic spine was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, page 304, imaging studies should be reserved for cases in which surgery is being considered or red flag diagnoses are being evaluated. Here, the requesting provider suggested that the applicant might have improperly positioned, malfunctioned, and/or malrotated spinal cord stimulator leads. CT imaging of the cervical and thoracic spine was endorsed to evaluate proper lead placement. The requesting provider did seemingly suggest that he would act on the results of the study in question and potentially revise and/or remove the leads based on the outcome of the same. Therefore, the request was medically necessary.