

Case Number:	CM14-0148152		
Date Assigned:	09/18/2014	Date of Injury:	07/08/2014
Decision Date:	10/20/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	09/11/2014

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 Occupational Medicine and is licensed to practice in California. 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 applicant is a represented [REDACTED] employee who has filed a claim for neck, low back, and chest wall pain reportedly associated with an industrial motor vehicle accident (MVA) of July 8, 2014. Thus far, the applicant has been treated with the following: Analgesic medications; work restrictions; opioid therapy; and several months off of work. In a Utilization Review Report dated August 6, 2014, the claims administrator apparently denied a request for CT scanning of the chest/thorax. The claims administrator did not invoke any guidelines in its rationale for the denial. The claims administrator did cite non-MTUS Third Edition ACOEM Guidelines at the bottom of its report but did not incorporate these guidelines in its rationale. The claims administrator, furthermore, cited the ACOEM Chronic Pain Chapter although this was, clearly, not a chronic pain case as of the date of the request. The claims administrator did state that it had had a teleconference with the attending provider suggesting that the applicant was improving. The applicant's attorney nevertheless appealed. In a progress note dated July 23, 2014, the applicant presented with persistent complaints of low back and chest wall pain, 3-6/10. The applicant was off of work, it was noted. The applicant was on tramadol and Norco for pain relief. Tenderness was noted about the sternum. A CT scan of the chest was ordered to further evaluate the applicant's ongoing complaints of chest pain. Work restrictions were endorsed, although it did not appear that the applicant was working with said limitations in place. On August 6, 2014, the applicant presented with persistent complaints of upper back, low back, and chest wall pain. The applicant was not working as a driver. The applicant had apparently transferred care to a new primary treating provider (PTP) at the request of her attorney, it was stated. Physical therapy and Tramadol were endorsed. The applicant was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

(1) CT Scan of the chest, outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chronic Pain, table 2, Chronic Pain Disorders

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Radiology (ACR), Practice Parameters for the Performance of Thoracic Computed Tomography.

Decision rationale: The MTUS does not address the topic. While the American College of Radiology (ACR) notes that CT imaging of the chest/thorax can be employed to evaluate blunt and/or penetrating trauma, in this case, however, there is no evidence that the applicant sustained a blunt and/or penetrating trauma in the industrial motor vehicle accident. The applicant did, however, apparently sustain a contusion of the chest and/or sternum. However, said contusion does not appear to rise to a level where it would require the CT imaging in question. The applicant's pain complaints appeared to be musculoskeletal in nature. There was no mention of any suspicion of issues such as a traumatic hemothorax, difficulty breathing, multiple rib fractures, flail chest, etc., which would compel the CT imaging in question. Neither of the applicant's treating providers made any reference to the applicant's having issues with difficulty breathing on any of the progress notes in question, again implying that the applicant's chest wall contusion was not of significant severity so as to compel the CT imaging in question. Therefore, the request is not medically necessary.