

Case Number:	CM14-0203771		
Date Assigned:	12/15/2014	Date of Injury:	09/12/2006
Decision Date:	01/31/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	12/04/2014

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:

This is a 60 year old male who suffered a work related injury on 09/12/2006. He has diagnoses of chronic back pain, and status post laminectomy syndrome. Additional diagnoses include hypertension, diabetes mellitus, congestive heart failure, chest pain, pulmonary embolism, mitral and tricuspid valve disease, and abnormal weight gain. In a physician note dated 10/29/2014 the injured worker is no acute distress. There was no evidence of bony tenderness, joint effusion, enlargement or abnormal motion. No muscle fasciculation, atrophy, muscle weakness, asymmetry or reduced range of motion. There was a 40 pound weight gain in 6 weeks. The treatment request is for a chest x ray and a computed tomography of the abdomen and pelvis. He has previously attended a weight loss program, consumed weight loss shakes and his weight has dropped from 256lbs on 5//22/14 to 186 lbs in Sept '14. Subsequently there is reported to be a 40 lb weight gain over the next 6 weeks associated with increased edema and shortness of breath. Review of medical systems has been negative for any GI problems. Urine drug testing has been positive for Benzodiazepines and Marijuana use. What body parts or illnesses considered to be covered under workman's compensation is not delineated in the records sent for review. Utilization Review done on 11/10/2014 non-certified the request for a chest X ray, and computed tomography of the chest and abdomen due to lack of clinical data to support a need for a chest x ray, and computed tomography of the abdomen and pelvis. Cited was California Medical Treatment Utilization Schedule (MTUS), American College of Occupational and Environmental Medicine (ACOEM), Chapter 2, page 22, and Insufficient Documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chest X-ray: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 22.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 23-28.

Decision rationale: MTUS Guidelines recommends that specific medical standards of evaluation be met to justify testing and diagnoses. These standards are met for the request of a chest x-ray. The complaints of diminished exercise tolerance, weight gain, fluid retention is sufficient to justify an updated chest x-ray.

CT of the abdomen and pelvis: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 22.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 23-28.

Decision rationale: MTUS Guidelines recommend specific standards of evaluation and documentation to justify additional testing and/or specific diagnoses. These standards do not appear to be met for this request. The requesting physician does not provide the rationale or a reasonable diagnosis to justify the request for CT scanning of the abdomen or pelvis. At this point in time, the request is not consistent with Guidelines and is not medically necessary.