

Case Number:	CM13-0015187		
Date Assigned:	03/10/2014	Date of Injury:	01/26/2011
Decision Date:	04/22/2014	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	08/22/2013

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 Emergency Medicine and is licensed to practice in New York. 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 patient is a 52-year-old male who was injured on January 26, 2011 while lifting a gas hose. The patient continued to experience neck with pain down both arms and bilateral weakness when lifting. Physical examination was notable for 5/5 upper extremity strength bilaterally and decreased range of motion in his neck. MRI of the cervical spine was done on April 13, 2011 and showed degenerative changes at C5-6 and C6-7. Treatment included cervical spinal surgery, shoulder injections, and medications. A request for authorization for CAT scan was submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

CAT SCAN: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Computed tomography(CT).

Decision rationale: Criteria for ordering imaging studies in the neck are the emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a

strengthening program intended to avoid surgery, or clarification of the anatomy prior to an invasive procedure. CT scans are used for evaluating bony structures. ODG criteria for CT of the cervical spine are limited to known or suspected trauma to the cervical spine. In this case there is no documentation in the medical record that the patient had experienced a change in his neurologic function. There was no history of known or suspected cervical trauma. Medical necessity has not been established.