

Case Number:	CM13-0018189		
Date Assigned:	10/11/2013	Date of Injury:	11/17/2011
Decision Date:	01/13/2014	UR Denial Date:	08/07/2013
Priority:	Standard	Application Received:	08/29/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Diagnostic Radiology 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 physician 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.

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 47-year-old male who reported an injury on 11/17/2011 after his forklift was struck by another forklift. He was treated conservatively for approximately one year after the injury with no success. The patient was subsequently diagnosed with lateral impact injury to cervical, thoracic, and lumbar spine; chronic cervical sprain/strain with myofascial pain syndrome; cervical disc disease with radiculopathy; posttraumatic cervicogenic headache; chronic thoracic sprain/strain with myofascial pain syndrome; chronic lumbar sprain/strain with myofascial pain syndrome; lumbar disc disease with radiculopathy; lumbopelvic core strength deconditioning; hip bursitis; reactionary sleep loss; and depression. There was an official seven view x-ray of the cervical spine included in the medical records dated 05/30/2013 that reported degenerative disc disease at C3-C7 as well as uncinat spurting and posterior spondylitic ridging with foraminal encroachments at C3-C4, C5-C6, C6-C7. He has continued to complain of constant pain of a 9/10 on the VAS scale, interference with activities of daily living, and was recently participating in an interdisciplinary program for pain control/lifestyle modification.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT of the Cervical Spine without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. 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): 177-179.

Decision rationale: The patient is a 47-year-old male who reported an injury on 11/17/2011, after a forklift vehicle accident. He has had chronic cervical pain since that time, unresponsive to conservative care. The California MTUS Guidelines did not refer to computed tomography therefore, ACOEM was consulted. ACOEM guidelines state that for patients with neck pain unresponsive to conservative care, imaging studies can be ordered for emergence of red flags, 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. Guidelines also state that neurological symptoms must be evidenced on an objective physical examination and EMG/NCV. If these things are corroborated, then an imaging test is warranted. ACOEM recommends MRI for neural or soft tissue and CT for bony structures. There is no objective physical examination included in the medical records to confirm the patient's radiculopathy despite the diagnosis. It is not clear in the records as to why the CT was requested. The patient's pain has been ongoing since 2011 and the records do not indicate a significant change in pain level, motor function, or neurological symptoms to suggest the need for a computed tomography of the cervical spine. Therefore, the request is non-certified.