MAXIMUS Federal Services

Case Number:	CM13-0024489		
Date Assigned:	11/20/2013	Date of Injury:	01/01/2009
Decision Date:	01/31/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/16/2013

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 Orthopedic Surgery 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. 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 47 year old injured worker who reported an injury on 01/01/2009. The mechanism of injury information was not provided in the medical record. The patient diagnoses were myalgia and myositis, spinal stenosis without neurogenic claudication, nonallopathic lesion of the thoracic region, and cervicalgia. Review of the medical record revealed the patient had previously received chiropractic treatments which gave some temporary relief and physical therapy treatments as well. On 04/09/2013 after a long period of no medical treatment, the patient complained of neck pain. Unofficial x-ray of cervical spine revealed loss of normal lordotic curvature, decreased disc spaces at C5-6 and a grad 1 retrolisthesis of C4 over C5. Most recent clinical note dated 08/16/2012 reported continued complaints of neck pain. The physical examination revealed normal strength and sensation.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT scan for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The California MTUS/ACOEM Guidelines states physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The patient was examined last on 08/1/2013 and at that time, there were no neurological deficits identified that would warrant a CT at this time. The request for a CT scan for the cervical spine is not medically necessary and appropriate.