

Case Number:	CM13-0028352		
Date Assigned:	11/27/2013	Date of Injury:	10/08/2008
Decision Date:	01/21/2014	UR Denial Date:	08/23/2013
Priority:	Standard	Application Received:	09/23/2013

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 Internal Medicine, has a subspecialty in Rheumatology, 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:

This patient is a 58-year-old with date of injury 10/8/08. The mechanism of injury is not specified. The patient has chronic cervical spine pain and has had a prior left cervical facet rhizotomy at C4-C6. She has also had trigger point injections and has received medications. The treating neurosurgeon is recommending further surgery which the patient declines. Plain films of the cervical spine performed 04/2013 revealed cervical spondylosis, degenerative joint disease and neuroforaminal stenosis bilaterally. Objective (4/2013): mild to moderate paracervical and trapezius muscle tenderness, decreased sensation of the lateral arm in a C5 distribution. Diagnoses: cervical spondylosis with myelopathy. Treatment plan and request: CT cervical spine without contrast.

IMR ISSUES, DECISIONS AND RATIONALES

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

One CT of the cervical spine, without contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (Revised 2007), Cervical and Thoracic Spine, Table 2 "Summary of Recommendations, Cervical and Thoracic Spine Disorders" Section

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neck and Upper Back Complaints Page(s): 165-172.

Decision rationale: This 58-year-old has chronic cervical spine pain for which the neurosurgeon is recommending repeat surgery which the patient declines. She has been treated with prior surgery, medications and injections. The available medical records show a request for CT of the cervical spine without contrast in conjunction with a cervical spine MRI, without any documented patient symptomatology, physical exam or rationale for the above requested testing. According to the Chronic Pain Medical Treatment Guidelines cited above, radiographic imaging in the absence of documented worsening of symptoms and/ or in the absence of red flag symptoms or physical exam findings, is not indicated. The request for one CT of the cervical spine, without contrast, is not medically necessary or appropriate.