

Case Number:	CM13-0033171		
Date Assigned:	03/03/2014	Date of Injury:	10/24/2011
Decision Date:	10/13/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/09/2013

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 patient is a 68 year old female employee with date of injury of 10/24/2011. A review of the medical records indicate that the patient is undergoing treatment for Shoulder Tend/Burs, Hip Tend/Burs, Thoracic Sprain/Strain, Lupus Erythematosus, Rheumatoid Arthritis, Lumbosacral Radiculopathy, Cervical Radiculopathy. Subjective complaints include ongoing neck pain, located at the base of the neck, and neck stiffness. Pain radiates to left shoulder and upper left extremity to the hand with numbness and tingling; occasional headaches associated with neck pain; pain aggravated by tilting head up and down or moving form side-to-side; pain increases with prolonged sitting and standing; difficulty sleeping; pain becomes worse throughout the day. She rated her pain as 6/10. Objective findings on physical exam include spasm and tenderness in paravertebral muscles of cervical and lumbar spines with decreased range of motion on flexion and extension. Impingement test is positive. Discomfort is noted on elevation of left upper extremity against gravity. Treatment has include PT, acupuncture, Lyrica 50mg, Albuterol Inhaler as needed, Methotrexate 2.5mg once weekly, Remicade infusion 400mg every 5 weeks, Relafen 750mg. Trigger point injection performed in late August 2013 consisting of Lidocaine and Depo-Medrol 5 cc, inserted into left subacromial space. The utilization review dated 10/2/2013 non-certified the request for CT Scan of Cervical Spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT SCAN OF 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 ACOEM Criteria for ordering imaging studies includes emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery and clarification of the anatomy prior to an invasive procedure. The treating physician has not provided evidence of red flags, neurologic dysfunction, failure of a strengthening program, or the need to clarify anatomy prior to surgery. As such, the request for CT scan of the cervical spine of the cervical spine is not medically necessary.