

Case Number:	CM13-0039913		
Date Assigned:	12/20/2013	Date of Injury:	11/27/2009
Decision Date:	06/03/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/28/2013

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 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 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 female who was injured on 11/27/2009, when she hit her head on a doorframe. Prior treatment history has included six sessions of physical therapy, epidural steroid injections, medication, and six chiropractic sessions. The patient underwent anterior cervical discectomy and fusion with instrumentation on 06/06/2010. Diagnostic studies reviewed include CT scan of the cervical spine performed on 11/20/2013 revealed history of trauma and cervical spine fusion 2010, cervicgia with persistent cervical radiculitis. There is mild flexion in the upper cervical spine down to C4. There is no evidence of acute fracture or subluxation. There is a levoscoliosis seen beginning in the upper thoracic spine. Clinic note dated 10/15/2013 indicated the patient had x-rays of the cervical spine taken AP and lateral, flexion/extension, two oblique views. Those studies revealed a significant visible line around the graft at the upper level at C5-6. If it is not fused, it could be causing her persistent neck pain and radiating pain down the arm. There is no obvious instability on flexion and extension. The patient is still having neck pain radiating to the right arm with numbness and tingling going down the right arm. The patient is also noticing some weakness. The patient has persistent neck pain radiating to the right arm with wrist extension weakness and tingling.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: SPECIAL STUDIES AND DIAGNOSTIC AND TREATMENT CONSIDERATIONS, CHAPTER 8- NECK AND UPPER BACK COMPLAINTS.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 166-167. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck Chapter, CT scans.

Decision rationale: According to the Official Disability Guidelines, CT is not recommended, except for certain indications. The guidelines further state that repeat CT is not generally recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation where MRI is contraindicated). The medical records demonstrate the patient underwent a cervical CT in November 2013. The medical records do not provide a clinical rationale that established the medical necessity of obtaining the requested study. There is no indication that the patient's condition has significantly changed, or that the results of the study will change the course of treatment. If warranted standard cervical spine x-rays could be obtained to assess the fusion. Therefore, the medical necessity of a CT scan has not been established.