

Case Number:	CM13-0040551		
Date Assigned:	12/20/2013	Date of Injury:	08/22/2010
Decision Date:	02/19/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	10/29/2013

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 Physical Medicine & Rehabilitation 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 43-year-old female who reported an injury on 08/22/2010. The mechanism of injury was not provided in the medical records. The patient's diagnoses include left shoulder impingement, subacromial bursitis, rotator cuff tear, and herniated nucleus pulposus at T5-8. The patient's symptoms are noted to include neck pain with radiation into her upper extremity. Her physical exam findings include decreased motor strength to 4/5 in the cervical spine, and normal sensation in the C5 distribution to light touch. Her 04/05/2013 office visit indicates that the patient had a previous MRI of the cervical spine on 09/14/2012, which revealed a 1 to 2 mm disc herniation at C4-5, containing a 1 mm annular tear causing partial narrowing of the subarachnoid space, and a 1 to 2 mm disc herniation at C5-6 with narrowing of the subarachnoid space.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT scan of cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

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

Decision rationale: According to the ACOEM Guidelines, imaging studies may be appropriate for a patient with symptoms in the neck who has limitations due to consistent symptoms that has persisted for 4 to 6 weeks or more despite conservative care, and when surgery is being considered for a specific anatomic defect, or to further evaluate the possibility of potentially serious pathology. The guidelines further state that reliance on imaging studies alone to evaluate the source of neck or upper back symptoms carries a significant risk of diagnostic confusion because it is possible to identify a finding that was present before the symptoms began. The patient was noted to have complained of neck pain with radiation into 1 or more extremities; however, the patient's clinical findings included decreased range of motion of the cervical spine, but there were no other abnormalities or neurological deficits either in the upper extremity. Additionally, the patient had a previous MRI study on 09/14/2012. Therefore, it is unknown why the patient requires a CT scan at this point as the MRI should have shown any serious pathology that was suspected related to her pain. As such, the request is noncertified.