

Case Number:	CM13-0041347		
Date Assigned:	12/20/2013	Date of Injury:	06/22/2013
Decision Date:	03/20/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/14/2013

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 and Rehabilitation and is licensed to practice in Texas. 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 52-year-old female who reported an injury on 06/22/2013 due to repetitive trauma while performing normal job duties. The patient reportedly fell and struck her head causing her to lose consciousness. The patient sustained an injury to her cervical spine. The patient underwent a CT scan of the cervical spine that revealed no evidence of cervical spine fracture with an evidence of focal degenerative changes at the left C3-4 facets. The patient's most recent clinical evaluation stated that the patient had 6/10 neck pain and 8/10 low back pain. The patient was conservatively treated with medications. The patient's diagnoses included cervicalgia, thoracic sprain/strain, lumbar radiculopathy, lumbago, and bilateral shoulder internal derangement. The patient's treatment plan included continued medications, a CT scan of the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT scan cervical spine non-contrast: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter, MRIs.

Decision rationale: The requested CT scan of the cervical spine is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the patient underwent a cervical spine CT scan in 06/2013. The American College of Occupational and Environmental Medicine does not recommend imaging studies in the absence of neurological deficits that have failed to respond to conservative treatments. The clinical documentation submitted for review does not provide any evidence that the patient has neurological deficits. Additionally, there is no documentation that the patient has participated in any active therapy to assist with pain control. Official Disability Guidelines do not recommend repeat imaging unless there is evidence of significant progressive neurological deficits or a change in the patient's pathology. The clinical documentation submitted for review does not provide any evidence of a significant progressive change in the patient's clinical presentation that would warrant an additional imaging study. As such, the requested CT scan of the cervical spine is not medically necessary or appropriate.