MAXIMUS Federal Services

Case Number:	CM13-0045521		
Date Assigned:	12/27/2013	Date of Injury:	05/25/2010
Decision Date:	02/20/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	11/12/2013

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 Geriatrics and is licensed to practice in New York, Pennsylvania, and Washington 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 injured worker sustained an injury on 1/28/10. At issue is the request for a CT scan of the cervical spine. The original request came during a neurosurgical physician visit on 5/9/13. The worker presented for follow up after recent shoulder surgery with an episode with the anesthesiologist where her hand was moved to the left and she developed pain and numbness down her left arm and right arm with spasms and persistent arm pain. The physical exam is stated as difficult to fully assess due to substantial pain levels. There is no detail provided. The diagnosis was recent traumatic injury to the neck with severe neck pain and radiculopathy. On 5/10/13, her primary treating physician noted bilateral myospasm of the lumbar spine as her physical exam findings and requested and MRI and CT scan of the cervical spine and for her to continue Alpha-Stim 100. Review of additional records reveal an MRI of the cervical spine status post fusion on 6/12/13 showing artifact from hardware from C5-7 but with degenerative changes in the remainder of the cervical spine. She had disc bulges at C3-4 and C4-5 but no canal stenosis or neural foraminal compromise.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT scan, cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-194.

Decision rationale: The Physician Reviewer's decision rationale: The request in this injured worker is for a CT scan of the cervical spine. The notes from the physicians do not document a detailed physical exam and there are no red flags or indications for immediate referral or imaging. A CT scan can help to identify anatomic defects and neck pathology. However, an MRI of the cervical spine was obtained in 6/13 and had disc disease but no canal stenosis or neuroforaminal compromise. In the absence of physical exam evidence or red flags and with the recent MRI results, a CT of the cervical spine is not medically indicated.