

Case Number:	CM13-0049631		
Date Assigned:	12/27/2013	Date of Injury:	04/14/1998
Decision Date:	08/21/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/08/2013

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 Occupational Medicine, 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 47-year-old female who was injured on 4/14/98 and has a history of complex regional pain syndrome resulting from industrial injuries. Her medications as of 10/24/13 included Lidocaine, Prevacid, ibuprofen 800 mg, Ambien, Soma, Norco, OxyContin, and Zofran. She has been treated with acupuncture therapy. On the visit note dated 8/8/13, the patient presented with unchanged symptomatology. Her exam revealed decreased range of motion of the cervical spine in all planes. She had decreased sensation at the C6, C6, C7 and C8 dermatomes on the left. The progress report dated 10/7/13 documented the patient to have complaints of pain in the left upper extremity and left lower extremity with pain rated as 5-10 on the pain scale. She was noted to have a spinal cord stimulator in place and states that it relieves about 50% of the pain in the upper extremity. She reported weakness in the upper and lower extremities. She ambulates with a cane. It is noted that the patient is not a candidate for MRIs due to the implanted stimulator. On exam, there is tenderness over the right buttock generator site. There is excessive movement of the generator within the pocket. There is marked weakness, contracture, and atrophy in a non-dermatomal distribution of the left upper and left lower extremity. Diagnoses are late stage complex regional pain syndrome with weakness and contracture of the left upper extremity and left lower extremity; status post spinal cord stimular implant and generator site pain. The patient has been recommended for 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:

A CT SCAN OF THE CERVICAL SPINE: Overturned

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): 179. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck, MRI, CT.

Decision rationale: According to the MTUS guidelines, cervical CT is recommended for a suspected red flag condition, history and examination suggestive of nerve root compromise, failure to progress in a strengthening program intended to avoid surgery, or preparation for an invasive procedure. The Official Disability Guidelines recommend cervical spine imaging for chronic neck pain with spondylosis on x-ray and neurologic symptoms. In this case cervical CT is requested for a 47-year-old female injured on 4/14/98 diagnosed with complex regional pain syndrome with upper and lower extremity radicular complaints with weakness and decreased sensation noted on examination dated 9/9/13 of the left upper and left lower extremities. CT scans of the cervical, thoracic, and lumbar spines are requested to evaluate her persistent spine pain. While the patient does not have dermatomal/myotomal symptoms or signs, cervical spine CT is indicated based on chronicity, failure to progress, complaints, presence of spinal cord stimulator precluding MRI, and apparent lack of prior cervical spine imaging study other than x-ray. Medical necessity is established.