

Case Number:	CM13-0055691		
Date Assigned:	12/30/2013	Date of Injury:	04/16/2003
Decision Date:	05/07/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/21/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

This is a 68 year-old male who was injured on 4/16/2003. He has been diagnosed with pain in the left shoulder; new onset post-operative left cervical radiculopathy; s/p C6/7 Anterior Cervical Discectomy and Fusion (ACDF) with cage, removal of hardware for C3-5, 12/12/12, pseudofusion; s/p left knee medial meniscectomy 4/20/12; chronic narcotic tolerance; right middle finger trigger finger, balance disorder; s/p C3-C6 ACDF, 11/18/08. According to the 10/11/13 spinal orthopedic, report from [REDACTED], the patient is seen for follow-up on the 11/18/08 ACDF from C3-6. The 4/12/13 computed tomography (CT) scan was reviewed and a new finding was noted, lucency about the left C7 screw. [REDACTED] requests another CT scan of the cervical spine to evaluate post-op neck pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPUTED TOMOGRAPHY SCAN OF CERVICAL SPINE: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), TREATMENT INDEX, 1TH EDITION (WEB), 2013, NECK AND UPPER BACK--COMPUTED TOMOGRAPHY (CT).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: The patient has neck pain following revision cervical hardware removal and fusion. On 10/11/13 the surgeon reviewed the 4/12/13 cervical computed tomography (CT scan), and recommended another CT scan. On reviewing the 4/12/13 radiology report, the new fixation screw and spacer were identified at the C6-7 level and there was lucency about the left C7 screw and follow-up was recommended to assess osseous fusion. This does not appear to be a request for a routine CT, and the hardware loosening could represent a red flag. The updated CT scan recommended by the spinal surgeon and the radiologist appears necessary to evaluate the hardware and fusion, and appears to be in accordance with California Medical Treatment Utilization Schedule (MTUS) /American College of Occupational Medicine guidelines (ACOEM).