

Case Number:	CM13-0066903		
Date Assigned:	01/03/2014	Date of Injury:	11/11/2009
Decision Date:	06/19/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/17/2013

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 Diagnostic Radiology 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 employee presents with a history of chronic neck and shoulder pain dating back to 3/1/08, who suffered a work related injury to her head, neck, and shoulder on November 11, 2009. The patient subsequently had a spinal fusion procedure in her neck (C5-C7 Anterior Cervical Discectomy and Fusion) on 2/15/11. The most recent examination is from 11/18/13 in which the patient reports constant neck pain with radiation to bilateral upper extremities. As per the report, the severity of the neck pain is unchanged over multiple examinations dating back to at least 6/3/13. The examining physician has requested a CT scan of the cervical spine to evaluate for possible "pseudoarthritis." In a utilization review report from 12/9/13, the claims administrator denied a request for a repeat CT of the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

REPEAT CT SCAN CERVICAL SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG) ODG-TWC 2013 Cervical Spine, Computed tomography (CT).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Computed tomography (CT)

Decision rationale: The patient suffered a work related injury with subsequent spinal fusion surgery. Following surgery, the patient reported a minimal decrease in her symptoms of neck pain, but the severity of the neck pain has remained unchanged, as per the medical reports. Additionally, the most recent evaluation from 11/18/13 did not document physical examination findings related to the neck or upper extremities. According to current guidelines (ODG-TWC 2013: Neck and Upper Back), "repeat CT is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation where MRI is contraindicated)." Considering the above guideline, and since there has been no change in the patient's subjective complaints and no physical findings are present suggesting significant pathology, a repeat CT of the cervical spine is not deemed to be medically necessary and appropriate.