

Case Number:	CM13-0068018		
Date Assigned:	06/25/2014	Date of Injury:	08/10/2009
Decision Date:	08/05/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	12/18/2013

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 Orthopedic Surgery, 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 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 claimant is a 48-year-old gentleman injured in a work related accident on 08/10/09. The records provided for review document that the claimant sustained injuries to the neck, upper extremities and shoulders. The clinical record of 12/09/13 noted ongoing complaints of pain in the neck and that the claimant is fifty percent improved after the C5-6 disc replacement and C6-7 fusion on 05/07/13. The report documents that the claimant postoperatively has exhausted all conservative care. Physical examination findings showed deep tendon reflexes to be equal and symmetrical, restricted endpoints of range of motion, 5/5 motor strength and no sensory deficits. Postoperative imaging reports included plain film radiographs showing excellent position of implant at the C5-6 level as well as prior fusion at C6-7. Based on continued complaints of pain in the postoperative setting, a CT scan of the cervical spine was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Computed tomography (CT SCAN) of the 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) neck chapter.

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

Decision rationale: Based on California ACOEM Guidelines, the request for CT scan imaging of the cervical spine in this case would be supported. This injured worker underwent a one level cervical fusion procedure as well as a disc replacement and has continued complaints of pain in the postoperative setting. The role of a CT scan for further assessment of the injured worker's fusion to include osseous assessment would be indicated as medically necessary.