

Case Number:	CM13-0069227		
Date Assigned:	01/17/2014	Date of Injury:	10/27/2010
Decision Date:	06/06/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/21/2013

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 Pain Medicine and Rehabilitation, has a subspecialty in Pain Management 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 57-year-old male with a date of injury of 10/27/2010. The listed diagnosis, according to the treating physician, is status post anterior cervical discectomy and fusion at C5-C6 in September 2012, rule out nonunion. According to the report dated 11/01/2013, the patient continues to have intermittent neck pain. The patient is over one (1) year status post anterior cervical discectomy and fusion at C5-C6. On 10/04/2013, the patient underwent a plain x-ray of the cervical spine. The treating physician cannot tell if he had a solid fusion. He recommends a cervical spine spiral computed tomography (CT) scan to confirm solid fusion. An examination reveals the patient has 1 to 2+ cervical paraspinus muscle spasm. There is tenderness to palpation along these muscles. Deep tendon reflexes are equal and symmetric at the biceps, triceps, and brachioradialis. Motor strength is 5/5 in all muscle groups of the bilateral upper extremities. Sensation is intact to light touch and pinprick in the bilateral upper extremities. The utilization review is dated 11/20/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL SPINE SPIRAL COMPUTED TOPOGRAPHY (CT) SCAN: 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), 2013.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG).

Decision rationale: This patient presents with intermittent neck pain and is status post cervical fusion on September 2012. The treating physician is requesting a computed tomography (CT) scan of the cervical spine to confirm solid fusion. The MTUS/ACOEM Guidelines indicate that CT recommendation is made when caudal equina, tumor, infection, or fracture are strongly suggested and plain film radiographs are negative. The Official Disability Guidelines state that CT scans are not recommended except for trauma with neurological deficit, and surgical planning. Spiral CT scans are optional as well. In this case, the treating physician is requesting a CT scan to confirm solid fusion because the x-rays were not helpful. Given the potential pain from pseudarthrosis and surgical planning, recommendation is for authorization.