

Case Number:	CM14-0011919		
Date Assigned:	06/11/2014	Date of Injury:	08/06/2010
Decision Date:	07/14/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/29/2014

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 and is licensed to practice in Texas. 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 injured worker is a 51 year old male who reported an injury on 08/06/2010 due to a motor vehicle accident. The injured worker had complaints of neck pain rated 5-6/10 on VAS scale, radiating up into his head, rated 5/10, and down the arms to the hands, rated 5-6/10. Physical examination on 04/21/2014 showed decreased sensation over the left C7 dermatome distribution. Range of motion for flexion was to 36 degrees, extension to 10 degrees, left lateral bend to 14 degrees, right lateral bend to 30 degrees. Motor was normal. Reflexes for right and left biceps, triceps and brachioradialis were absent. Diagnostic studies performed most recently was a CT scan dated 03/25/2014 which showed solid fusion C4-7 both anteriorly and posteriorly, hardware in good position. Also showed congenital baseline narrowing of the osseous cervical canal due to short pedicles. Mild to moderate spinal stenosis at C3-4 and C4-5, moderate C5-6, and mild to moderate C6-7. Diagnoses for the injured worker were status post posterior spinal fusion at C4-5 and C6-7, pseudoarthrosis C4-5 and C6-7, bilateral cervical radiculopathy, cervical disc degeneration, C4-7 stenosis and status post C5-6 anterior cervical discectomy and fusion. The injured worker had physical therapy on 06/11/2013 status post cervical spine surgery on 03/21/2013. Medications reported on progress note dated 04/21/2014 were Xanax 1mg and Ativan 1 mg. Medications reported on progress note 01/07/2014 were lorazepam 1mg, suboxone 8mg-2mg, buspirone 25mg, hydroxyzine 25mg. The treatment plan for the injured worker is to continue current medications and CT scan of the cervical spine without contrast. The rationale is for the injured worker to have surgery of either total disc arthroplasty at the C4-5 level or a fusion. The request for authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE CT SCAN OF THE CERVICAL SPINE WITHOUT CONTRAST: Upheld

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): 182.

Decision rationale: The request for CT Scan of the cervical spine without contrast is non-certified. The injured worker recently had a CT scan on 03/25/2014 which was not submitted for review. It showed solid fusion C4-7, hardware in good position, spinal stenosis, cervical discectomy and fusion. On physical examination no red flags of neurologic findings were reported. ACOEM recommends to validate diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure. Official Disability Guidelines state computed tomography 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). The injured worker has no current evidence of physical therapy or exercises at home that help with mobility, functionality and decrease pain levels. The request is for a repeat CT scan of the cervical spine without contrast to decide if the injured worker needs surgery of either total disc arthroplasty at the C4-5 level or a fusion. Therefore, the request is not medically necessary.