

Case Number:	CM14-0012749		
Date Assigned:	04/25/2014	Date of Injury:	10/27/2010
Decision Date:	07/14/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	01/31/2014

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 Internal Medicine and is licensed to practice in New York. 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 who was injured on 10/27/2010. The mechanism of injury is unknown. The patient underwent an anterior cervical discectomy and fusion at C5-6. Diagnostic studies reviewed include an x-ray of the cervical spine dated 05/31/2013, which demonstrates an anterior fusion with orthopedic plate and screws at the level of C5-C6 with small radiopaque density along disc space at C5-6 related to spacer placement. The vertebral heights and other disc spaces are preserved. The odontoid alignment is normal. The foramina are patent. A supplemental report dated 12/20/2013, states that the patient presents with complaints of intermittent neck pain. He has no arm pain and no numbness or tingling down his arms. He reports he has improved since the surgery. Objective findings on exam revealed 1-2+ paraspinous muscle spasm. He is tender 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 treating provider has requested a computerized tomography (CT) of the cervical spine without contrast.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPUTERIZED TOMOGRAPHY (CT) OF THE NECK SPINE WITHOUT DYE:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 177-178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck, Computed tomography (CT).

Decision rationale: The Chronic Pain Guidelines indicate that a computerized tomography (CT) scan is recommended to identify an anatomic defect. The Official Disability Guidelines indicate that a CT scan is not recommended except in cases of suspected cervical spine trauma or known cervical spine trauma. The medical records document in the physician supplemental report dated 12/20/2013, that the patient is one (1) year post anterior cervical discectomy and fusion of C5-C6. The last X-ray of the cervical spine dated 5/31/2013 revealed normal alignment and patent foramina. There are no neurologic abnormalities on exam. There is no indication for the requested CT scan at this time. Medical necessity for the requested item has not been established. The requested item is not medically necessary.