MAXIMUS Federal Services

Case Number:	CM14-0014008		
Date Assigned:	06/13/2014	Date of Injury:	02/11/2011
Decision Date:	08/07/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/04/2014

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 California and Washington. 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 53-year-old with a reported injury on February 11, 2011. The mechanism of injury was considered stress aggravated with headache, hair loss, paraspinal muscle tension and pain and stress aggravated peripheral vascular disease. The injured worker was discharged from work on the day of February 11, 2011. The injured worker did have an examination on January 15, 2014, although the exam itself is illegible. There was a comprehensive review of exams on October 24, 2013 that indicated on June 14, 2011 that the injured worker had complained of neck pain radiating to the upper extremities; bilateral shoulder pain, right side greater than the left; bilateral elbow, forearm, wrist, and hand pain; low back pain radiating to the bilateral lower extremities; and complaints of stress, anxiety, and depression associated with insomnia secondary to chronic pain and disability. The medication list that was provided included Plavix, simvastatin, and Motrin. There were x-rays obtained of the cervical spine which revealed decrease of the normal cervical spondylosis lordotic curvature, otherwise there was no evidence of degenerative changes. Diagnoses at that time included cervical/trapezial musculoligamentous sprain/strain with attendant bilateral upper extremity radiculitis, bilateral shoulder parascapular myofascial strain, bilateral elbow medial and lateral epicondylitis, bilateral forearm and wrist overuse, flexor/extensor tenosynovitis, bilateral wrist de Quervain's tenosynovitis, lumbosacral musculoligamentous sprain/strain with attendant bilateral lower extremity radiculitis. The treatment at that time was to have chiropractic manipulative therapy and also to be treated by a psychiatrist. They added at that time Anaprox as far as her medication. The review of the record from June 13, 2013 indicated that there was no change in any of the previously expressed opinions. There is no record of documentation of the previous physical therapy or chiropractic results or efficacy. There was no evidence to support efficacy of a home

exercise program or medications. The Request for Authorization for the cervical spine CT scan was signed and dated for January 15, 2014. The rationale was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT scan of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck and upper back, computed tomographty.

Decision rationale: The injured worker had complaints of neck pain radiating to the upper extremities and bilateral shoulder pain, bilateral elbow pain, forearm, wrist, and hand pain. Her low back pain is radiating bilateral to her lower extremities. The injured worker did have an x-ray obtained but the date is unknown but it did reveal decrease of the normal cervical lordotic curvature and there is no evidence of degenerative changes. She was diagnosed at that time with cervical/trapezial musculoligamentous sprain/strain with attendant bilateral upper extremity radiculitis, bilateral shoulder parascapular myofascial strain, bilateral elbow medial and lateral epicondylitis, bilateral forearm and wrist overuse, flexor/extensor tenosynovitis, bilateral wrist de Quervain's tenosynovitis, lumbosacral musculoligamentous sprain/strain with attendant bilateral lower extremity radiculitis. The California MTUS Guidelines does not address this request, although the Neck and Upper Back Complaints Chapter of the ACOEM Practice Guidelines, indicates a CT scan if there is evidence of soft tissue insult or nerve impairment. There was no evidence of nerve impairment or soft tissue insult according to the comprehensive review. The Official Disability Guidelines does recommend a CT scan for suspected cervical spine trauma with cervical tenderness and paresthesias in the hands or feet or if there is severe pain and if there has been normal radiographs and neurological signs and symptoms. There was no evidence of spine trauma or an actual injury that was caused to the spine. There is no evidence of nerve damage or neurological signs and symptoms also and there was the x-ray of unknown date reporting the decrease of the cervical lordotic curvature. There is not enough evidence to support the necessity of the CT scan of the cervical spine. Therefore, the request for the CTs of the cervical spine is not medically necessary or appropriate.