

Case Number:	CM14-0015859		
Date Assigned:	03/05/2014	Date of Injury:	09/05/2011
Decision Date:	05/08/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/07/2014

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 Family Practice, 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 50-year-old female who reported injury on 09/05/2011. The mechanism of injury was not provided. The injured worker underwent a C6-7 fusion surgery. The clinical documentation of 07/02/2013 indicated that there was no hardware migration or fracture and had mild C5-6 spondylosis per x-ray. The documentation of 01/21/2014 revealed the injured worker continued to complain of neck pain and burning sensations and achiness with range of motion. The diagnoses included C6-7 disc herniation with chronic neck and radiating arm pain and C6-7 radiculopathy, status post C6-7 anterior cervical discectomy and fusion and status post left shoulder surgery. The plan included as the injured worker had persistent neck pain symptoms despite efforts to maximize conservative treatment, the request was made for a CT scan of the cervical spine to assess the fusion level.

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 WITH 1 MM SLICES THROUGH THE C6-7 REGION: 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): 177-179.

Decision rationale: ACOEM Guidelines indicate that the criteria for ordering imaging studies include the emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of anatomy prior to an invasive procedure. The clinical documentation submitted for review indicated as of 07/02/2013, per x-ray, the injured worker appeared to have no hardware migration or fracture and had mild C5-6 spondylosis. The clinical documentation additionally indicated the injured worker had symptoms; however, there was lack of an objective physical examination. There was lack of documentation indicating physiologic evidence of tissue insult or neurologic dysfunction. Given the above the request for the CT scan of the cervical spine with 1 mg slices through the C6-7 region is not medically necessary.