

Case Number:	CM14-0173871		
Date Assigned:	10/27/2014	Date of Injury:	09/18/2013
Decision Date:	12/04/2014	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	10/22/2014

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 Emergency Medicine 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 injured worker is a 53-year-old female who reported an injury on 09/19/2013. The mechanism of injury was not provided. On 08/14/2014, the injured worker presented with neck pain and difficulty swallowing. The injured worker was crying due to being depressed. Upon examination, there was tenderness and decreased range of motion over the cervical spine and spasm noted. The provider stated that there was good progression of the fusion from the C5-6 and C6-7 dermatomes. The diagnoses were cervical spondylosis without myelopathy, brachial neuritis, and cervical spinal stenosis. Prior therapy was not submitted. The provider recommended a CT scan of the cervical spine. The rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT Scan of cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The request for CT Scan of cervical spine is not medically necessary. The California MTUS/ACOEM Guidelines state for most injured workers presenting with true neck or upper back problems, special studies are not needed unless a 3 or 4 week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red flag conditions are ruled out. Criteria for ordering imaging studies include: emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, or clarification of the anatomy prior to an invasive procedure is needed. No rationale provided for the requested CT. Additionally, there was no emergence of a red flag or deficits noted upon physical examination to warrant a CT of the cervical spine. Additionally, the provider stated that there is good progression with the prior fusion of the C5-6 and C6-7 dermatomes. As such, medical necessity has not been established.