

Case Number:	CM14-0031934		
Date Assigned:	06/20/2014	Date of Injury:	07/29/2011
Decision Date:	08/05/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/13/2014

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 Maryland. 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 employee is a 48 year old male who was being evaluated and treated for neck pain and low back pain. The date of injury was July 29, 2011. He was injured after a 400 pound load landed on his neck and spine while working as a truck driver. An MRI subsequently demonstrated thoracic and lumbar compression fractures. The diagnoses were cervical spine direct trauma with broad based disc bulge at C4-C5 and C5-C6, thoracic and lumbar spine compression fractures and headache with sleep problems due to pain. His treatment included C5-C6 and C6-C7 anterior fusion on December 27, 2012. Subsequent evaluations included MRI of lumbar spine and EMG/NCS of bilateral upper and lower extremities completed on 11/20/12 failed to reveal cervical radiculopathy. His main neck complaints were neck pain and medial scapular pain. He was managing his pain with Norco 4-5 tablets per day. Medications included Baclofen, Tramadol and Flexeril. Treatments included Physical therapy, facet blocks in cervical spine as well as lumbar spine, epidural steroid injection of lumbar spine and radiofrequency rhizotomy. The primary treating Orthopedic physician's progress notes from 12/16/13 noted improved range of motion of neck and absence of evidence of radiculopathy of cervical spine. During his follow up in January of 2014, a C spine x-ray was ordered as a routine annual postop care of the cervical fusion to evaluate for loosening of hardware or pseudoarthrosis of the cervical spine. The x-ray revealed normal vertebral body heights and alignment and preserved disc spaces at C5-C6 and C6-C7. Anterior spinal fusion hardware was present and intact with good alignment on flexion and extension views. The most recent progress notes from February 6, 2014 was reviewed. Subjective complaints included neck pain and low back pain. He woke up with severe pain after a night's sleep. The patient medicated himself with Tramadol and Baclofen. On examination he was found to have mild spasm in the left nuchal area posteriorly. There was no limitation in

range of motion of both upper extremities. The cervical spine x-ray results were reviewed, but a cervical spine CT scan was ordered to better evaluate the hardware and cervical fusion site.

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, quantity 1: 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, Chronic Pain Treatment Guidelines Neck and upper back Page(s): 178.

Decision rationale: According to MTUS guidelines on neck and upper back complaints, imaging studies are recommended for evidence of red flags, physiologic evidence of neurologic dysfunction in the form of findings on physical examination, electrodiagnostic studies or laboratory tests and also to clarify anatomy prior to an invasive procedure. According to ACOEM guidelines for diagnostic investigations in cervical and thoracic spine disorders, MRI is recommended in the setting of prior neck surgery with increasing neurologic symptoms. In this case, the employee had ongoing issues with low back pain. Neck pain was reportedly better after the cervical fusion. Even though he had some residual weakness after the neck surgery, he had no documented new symptoms or signs of cervical radiculopathy. The EMG/NCS failed to reveal radiculopathy of cervical spine and the x-ray of cervical spine showed no abnormality of the hardware. Given the absence of worsening neurologic symptoms, signs of neurologic compromise and benign x-ray of cervical spine, the medical necessity for a CT scan of cervical spine is not met. The request for a CT Scan of the cervical spine quantity 1 is not medically necessary and appropriate.