

Case Number:	CM14-0032236		
Date Assigned:	06/20/2014	Date of Injury:	11/14/1992
Decision Date:	07/22/2014	UR Denial Date:	02/14/2014
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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of November 14, 1992. Thus far, the applicant has been treated with analgesic medications, attorney representations; transfer of care to and from various providers in various specialties, earlier cervical fusion surgery and earlier shoulder surgery. In a Utilization Review Report dated February 14, 2014, the claims administrator denied a request for CT scanning of the cervical spine and bone scanning of the same. Non-MTUS Guidelines were, in large part, cited. It appears that the contested CT scan of the cervical spine was apparently performed on February 19, 2014 and was notable for evidence of earlier anterior cervical discectomy and fusion from C4-C5 to C6-C7. There were focal regions of solid fusion present; it was stated, with multiple levels of significant foraminal stenosis appreciated and multi-level borderline and mild acquired central canal stenosis. In an Agreed Medical Evaluation of May 5, 2014, the medical legal evaluator also noted that the applicant underwent a bone scan on February 27, 2014 notable for increased radiotracer concentration about the left facet joint at C2-C3. The medical legal evaluator stated that he agreed with the treating provider's decision to pursue a CT scan of the cervical spine and/or SPECT-CT of the cervical spine to determine if there is a delayed union or pseudoarthrosis. The medical legal evaluator stated that there was no need for additional cervical spine surgery. The medical legal evaluator stated that the fusion could be considered solid for practical purposes but acknowledged that there is no evidence of a completely remodeled consolidation present, however. In an earlier note of January 27, 2014, the applicant's primary treating provider (PTP) noted that the applicant had persistent complaints of neck pain radiating to the bilateral arms, markedly deteriorated. Diminished range of motion was noted about the same. The attending provider stated that x-rays of the cervical spine suggested that there was some movement of the

fusion noted on plain film x-rays of the same. The attending provider stated that he suspected that the applicant's fusion was not solid and that CT scanning and/or bone scanning were needed to determine whether or not the applicant had evidence of a delayed union versus pseudoarthrosis. The applicant was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 CT scan of the cervical spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178, 179.

Decision rationale: As noted in the California MTUS-adopted ACOEM Guidelines in Chapter 8, Table 8-7, computer tomography (CT scanning) is scored a 4/4 in its ability to identify and define suspected anatomic defects. In this case, the attending provider posited that the applicant had evidence of delayed union or pseudoarthrosis about the cervical spine. Earlier plain film imaging of the same was equivocal. Performing CT scanning to evaluate the integrity of the bony structures was indicated; it is further noted that page 178 of the California MTUS-adopted ACOEM Guidelines in Chapter 8 notes that CT scanning is the test of choice for evaluation of bone structures. Therefore, the request was medically necessary.

1 SPECT bone scan: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178, 182. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 184.

Decision rationale: As noted in the California MTUS-adopted ACOEM Guidelines in Chapter 8, Algorithm 8-1, bone scanning is recommended if there are "red flags for cancer or infection" present. In this case, however, there was no mention or suspicion of cancer or infection being present here. Rather, the attending provider had posited that the applicant had evidence of a delayed union/nonunion/pseudoarthrosis of the cervical spine following earlier cervical fusion surgery. Bone scanning was not, consequently, indicated here. It is further noted that the bone scan in question was ultimately performed and in fact failed to reveal any evidence of cancer or infection. Therefore, the request was not medically necessary.