

Case Number:	CM14-0032982		
Date Assigned:	05/05/2014	Date of Injury:	01/31/2012
Decision Date:	07/09/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	02/13/2014

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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Georgia. 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 claimant is a 38 year old female presenting with chronic pain following a work related injury on 01/31/2012. On 9/24/2013, the claimant complained of disorientation in the home, neck pain, head pain and impaired vision in the right eye. The pain in the neck radiates to the shoulders. The claimant's medications include Tramadol, Latuda, Trazodone, Wellbutrin, and Motrin. The physical exam was significant for obesity, straightened cervical lordosis and range of motion was limited, spasm of the neck and right SCM with pain to palpation of the paraspinal muscles and trapezius areas, 2/6 systolic murmur, range of motion of the right shoulder was limited in all planes and painful, back range of motion was decreased with slight pain, torticollis with the chin turning leftward, increased muscle tone on the right, reduce bulk in the right arm, forearm, and left calf, gait and station were wide-based and antalgic, decreased light touch and pinprick in the right arm, face, torso and leg as well as along the right ulnar forearm. The claimant was diagnosed with status post CHI with concussion, post traumatic migraines, radicular neck pain with torticollis and chronic pain, radicular back pain and strain, right sensory neural hearing loss secondary to number TBI, cerebellar ataxia and tremors, presumably from TBI, signs consistent with lacunar left brain injury vs. effects of TBI, right shoulder disruption, phenotypic risk for OSA, right thyroid enlargement; non-industrial, PVD, heart murmur, unreactive pupils to light and minimally reactive pupils to accommodation; rule out Argyl-Robertson pupil defects from non-industrial causes versus effects of TBI, PTSD, depression, and anxiety.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 CT ANGIOGRAPHY OF THE NECK WITHOUT CONTRAST: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Complaints, Treatment Considerations.

Decision rationale: CT angiography of the neck without contrast is not medically necessary. The ODG states that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and would consider surgery an option. While the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before entering an imaging study. Indiscriminate imaging will result in false positive findings. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the indication of an imaging test to find a potential cause (magnetic resonance imaging for neural or soft tissue, computed tomography for bony structures). The claimant had a physical exam that remains unchanged for numerous office visits and additionally there were no physical signs to warrant a CT angiography of the neck; therefore it is not medically necessary. The request is not medically necessary and appropriate.