

Case Number:	CM14-0036062		
Date Assigned:	06/23/2014	Date of Injury:	10/06/2002
Decision Date:	09/17/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/24/2014

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 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.H

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 52 year old male who reported an industrial injury on 10/6/2002, almost 12 years ago, attributed to the performance of customary job tasks. The treating physician stated that the patient complained of right shoulder pain and the objective findings on examination documented evidence of range of motion of the cervical spine and shoulders decrease; tenderness to palpation. The patient was documented to have had surgical intervention to the cervical spine approximate 1 1/2 years prior. The MRI of the cervical spine demonstrated some foraminal narrowing not severe. The patient was recommended to have additional physical therapy. The diagnoses included status post anterior cervical fusion C5-C6, C6-C7 during November 2008; status post on nerve transfer right 9/28/2004; status post arthroscopy to the right shoulder 1/29/2004. The patient was assessed as continued TTD. The treatment plan for the patient included a CT scan of the cervical spine with 3-D reconstruction.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT scan with 3D reconstruction of the cervical spine: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Neck and Upper back Chapter--CT scan.

Decision rationale: The request for a cervical spine CT SCAN with 3D reconstruction is not demonstrated to be medically necessary, was not supported by x-ray findings and is not supported with objective findings on physical examination. There are no objective findings in a clinical narrative that support the medical necessity of the cervical spine CT SCAN. There are no objective findings on examination to support medical necessity of a CT SCAN to the cervical spine. The CT scan with 3-D reconstruction is ordered as a screening test as the patient is status post anterior cervical fusion C5-C6, C6-C7 during November 2008. There are no documented clinical changes or neurological status changes for this patient. The CT SCAN of the cervical spine is ordered due to neck pain with no documented neurological deficits. There were no documented changes in clinical status to the cervical spine that warranted a CT SCAN with 3D reconstruction of the cervical spine for the documented objective findings. There was no demonstrated medical necessity for a cervical spine CT SCAN to "rule out" pathology and is a screening test. There was no documented intent of surgical intervention. The symptoms are noted to be subjective with no neurological deficits documented. The criteria recommended by evidence-based guidelines were not documented to support the medical necessity of the requested CT SCAN study of the cervical spine with 3D reconstruction. There are no demonstrated red flag diagnoses as recommended by the CA MTUS or the ACOEM Guidelines in order to establish the criteria recommended for a CT SCAN of the cervical spine. The medical necessity of the requested CT SCAN of the cervical spine was not supported with the subjective/objective findings recommend by the CA MTUS; the ACOEM Guidelines; or the Official Disability Guidelines for the authorization of a cervical CT SCAN. The patient's treatment plan as stated by did not demonstrate an impending surgical intervention or any red flag diagnoses. The treatment plan was not demonstrated to be influenced by obtaining a cervical CT SCAN with 3D reconstruction and no surgical intervention was being contemplated for the cervical spine. There were no demonstrated sensory or motor neurological deficits on physical examination that warranted a CT SCAN of the cervical spine or a revision of the prior anterior cervical spine fusion. There were no documented clinical changes in the patient's clinical status or documented motor/sensory neurological deficits that would warrant the authorization of a CT SCAN of the cervical spine or meet the recommendations of the currently accepted evidence based guidelines. There was no provided rationale for the CT SCAN with 3D reconstruction of the cervical spine by the requesting provider other than to evaluate the cervical spine for possible pathology. Therefore the request is not medically necessary.