

Case Number:	CM14-0036352		
Date Assigned:	06/25/2014	Date of Injury:	10/13/2006
Decision Date:	07/25/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	03/25/2014

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 Orthopedic Surgery and is licensed to practice in Mississippi. 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 34-year-old female who was reportedly injured on October 13, 2006 resulting in left shoulder and neck symptoms. The mechanism of injury is not disclosed. The most recent progress note provided for review is dated June 10, 2014 and indicates that the claimant complains of intermittent aggravation of cervical spine pain with radiation to the back of the head, causing headaches. Weakness of the right hand is reported with a notation that the claimant has a history of carpal tunnel syndrome (CTS). Medications are noted to be helpful. Physical exam notes a well healed incision with tenderness of the paraspinal muscles and decreased range of motion secondary to pain. A positive Spurling's is noted. The diagnoses includes cervical herniated nucleus pulposus (HNP), cervical radiculitis and status post anterior cervical discectomy and fusion. The treatment recommendation is to continue medications of the compounded cream, repeat. A request for electromyogram/nerve conduction velocity (EMG/NCV) studies to assess the degree of carpal tunnel syndrome. A prior progress note from April 2014 indicates that the claimant has had an magnetic resonance image (MRI) of the cervical spine and presents for follow-up. The physical exam is identical to the most recent encounter as is the diagnosis. The MRI results noted are intact, C5-C6, and C6, C7, fusion. In addition to the spinal fusion, the record references the treatment has included pharmacotherapy including quazepam, narcotic analgesics and topical compounded creams. Prior encounter notes request EMG/NCV studies of the upper extremities to assess the degree of carpal tunnel syndrome. A February 22, 2014 PR 2 report requests a computerized tomography (CT) scan of the cervical spine to assess the degree of fusion and an MRI of the cervical spine to address for some type of syndrome (illegible, as the majority of this word is cut off at the bottom of the page). A February 7, 2014 qualified medical evaluator (QME) references a CT scan of the cervical spine from April 2012 noting no significant osteophyte encroachment on the spinal

canal bilateral neuroforamina, status post Anterior cervical discectomy and fusion (ACDF) at the anterior interbody arthrodesis and interbody grafting that extends from C4-C5 to C6-C7. A prior request was made for a CT scan of the cervical spine which was recommended for non-certification on March 18, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT Scan cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Computed Tomography.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG - TWCIntegrated Treatment/Disability Duration GuidelinesNeck and Upper Back (Acute & Chronic) (updated 05/30/14).

Decision rationale: The medical record indicates that the claimant had a magnetic resonance image and was presented for follow-up. The results of this study are not available for my review in entirety but the April 2014 follow-up references an intact fusion from C5 through C7. Therefore, it is unclear what the computerized tomography scan of the cervical spine is evaluating. Additionally, review of 5 progress reports provides no documentation of a neurological exam for either of the cervical spine, or the carpal tunnel symptoms. In the absence of a clinical presentation to substantiate the medical necessity of this request, so this request is not medically necessary, as the documentation available does not meet guideline criteria for the study requested.