MAXIMUS Federal Services

Case Number:	CM14-0041747		
Date Assigned:	06/30/2014	Date of Injury:	10/01/2007
Decision Date:	08/13/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/07/2014

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 Emergency 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:

Patient (PT), with reported date of injury on 10/1/2007. No mechanism of injury was provided.Patient has a diagnosis of cervicalgia. Pt may have had prior surgeries but a complete list of procedures and dates were not provided. Noted R hand carpal tunnel surgery done on 2/24/11 and multiple neck surgeries including anterior cervical fusion C5-6(4/15/10) and posterior cervical fusion of C6-7(1/13/12). Has also has a diagnosis of anxiety and depression.Medical records reviewed. Last report available until 1/23/14. Pt complains of neck pain. Pain is chronic. Notes numbness to both arms. Objective exam of neck shows no swelling, mild paraspinal tenderness with moderate decreased range of motion(ROM). Bilateral upper extremity exam was normal, with normal sensation and normal strength. CT Cervical spine(11/14/11) reveals C5-6 anterior fusion is solid but C6-7 is non-union. Cervical Xray(4/4/12) reveals consolidating C6-7 fusion. Medication list notes ativan, flexeril, norco, percocet and proair.Independent Medical Review is for CT Scan of Cervical Spine. Prior UR on 3/28/14 recommended non-certification of CSpine CT. As per UR report, reviewer discussed case with provider. Note mentions that the provider was to do an Xray and write a supplement report. Pt had ongoing neck spasms that improves with flexeril therefore the UR approved flexeril prescription.

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: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): (TEXT 177-178, TABLES 8-1&8-8).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: As per ACOEM Guidelines, imaging may be recommended in situations where clarification of anatomy such as patient's cervical fusion is needed. However, basic imaging such as X-rays of the cervical spine was no documented prior to requesting more advance imaging such as CT Scan. As per the prior UR report date 3/28/14, the provider was suppose to document his read of Cervical Spine Xray and document appropriate need for CT of neck. However, this promised report was no available or supplied for my review. With the current documentation, CT of the Cervical spine is not medically necessary.