

Case Number:	CM14-0043955		
Date Assigned:	06/16/2014	Date of Injury:	08/15/2011
Decision Date:	07/23/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/06/2014

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 Physical Medicine and Rehabilitation 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 injured worker is a 60-year-old male who reported an injury on 08/15/2011. The mechanism of injury occurred when he hit his head against a water tank. On 04/23/2014, the injured worker presented with a solid fusion post CT scan. Upon examination, there was weakness in the right upper extremity to the hand, stable sensation, symmetric reflexes and motor strength at 5/5 bilaterally. The diagnoses were status post anterior cervical discectomy fusion (ACDF) and status post posterior revision fusion at C4-5. The provider noted that the prior CT revealed the fusion was coming along very well, and the facets were fused at this point. Prior therapy included surgeries, physical therapy and medications. The provider requested a repeat cervical spine CT. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

REPEAT CERVICAL SPINE COMPUTED TOMOGRAPHY (CT): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179..

Decision rationale: The California MTUS/ACOEM Guidelines state that if physiologic evidence indicates tissue insult or nerve impairment, computed tomography may be recommended to define a potential cause. The criteria for ordering imaging studies include the emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery and clarification of the anatomy prior to an invasive procedure. The included medical documents lacked evidence of the injured worker's failure of conservative care, to include medications and physical therapy. There was no physiologic evidence of a tissue insult or neurologic dysfunction. There was no documentation that included the failure to progress in a strengthening program intended to avoid surgery. Additionally, the injured worker has already had a CT scan of the cervical spine which revealed a solid fusion. The provider's rationale for a repeat CT scan was not provided. As such, the request is not medically necessary.