

Case Number:	CM14-0044853		
Date Assigned:	06/20/2014	Date of Injury:	03/15/2011
Decision Date:	07/18/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	03/19/2014

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 Illinois. 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 52-year-old male who reported a lifting injury on 03/15/2011. The clinical note dated 03/10/2014, indicated a diagnosis of status post anterior cervical discectomy and fusion and acute low back pain. On physical exam of the cervical spine, range of motion revealed flexion of 40, extension of 40, right lateral bending of 35, left lateral bending of 35, right lateral rotation of 60, and left lateral rotation of 60. Paraspinal muscles were tenderness to palpation. The injured worker's sensation was intact, motor exam and reflexes were normal. The injured worker completed physical therapy and reported he felt much improved. The unofficial cervical x-rays obtained including flexion and extension views revealed stable findings. The injured worker's prior treatments included diagnostic imagine, physical therapy, and medication management. The provider submitted a request for a CT of the cervical spine with fine cuts to include sagittal and axial reconstructions. A Request for Authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 CT scan of the cervical spine with fine cuts to include sagittal and axial reconstructions:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chapter: Neck and Upper Back.

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

Decision rationale: The request for 1 CT scan of the cervical spine with fine cuts to include sagittal and axial reconstructions is non-certified. The California MTUS/ACOEM states for most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out. The guidelines also state criteria for ordering CT scan include emergence of a red flag, physiologic evidence of tissue, insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery or clarification of the anatomy prior to an invasive procedure. The injured worker had an x-ray which revealed stable findings. In addition, the injured worker has completed physical therapy and the injured worker reported improvement with physical therapy. The documentation submitted did not indicate any red flags or evidence of tissue insult and there is a lack of neurological deficits to warrant the necessity of a CT scan. Therefore, the request of a CT scan of the cervical spine with fine cuts to include sagittal and axial reconstruction is non-certified.