

Case Number:	CM14-0076326		
Date Assigned:	07/16/2014	Date of Injury:	02/04/2010
Decision Date:	09/16/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/23/2014

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 Rehab 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 48-year-old female who sustained work-related injuries on February 4, 2010. As per the August 6, 2013 progress report, the injured worker is status post L3-4 posterior lateral fusion in June 2010. She reported that she was no longer working and has a number of problems including right hip problems and progressive pain in her back. She also complained of sore neck pain. She was recommended to undergo an anteroposterior and lateral radiographs of the thoracic spine, lumbar spine, and pelvis as well as a magnetic resonance imaging scan of the lumbar spine and cervical spine. However, a report dated August 28, 2013 documents that she was not able to get a magnetic resonance imaging scan due to a Harrington Rod in place. It was deemed safe for her to get a magnetic resonance imaging scan but the area around the rod will appear distorted. Objective findings were not provided in the documentation provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT of Cervical Spine Without Contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178-179. Decision based on Non-MTUS Citation Official Disability

Guidelines (2013) ,Neck and Upper Back (Acute & Chronic), Computed tomography (CT); page 1172.

Decision rationale: Evidence-based guidelines indicate that for most injured workers presenting with neck or upper back problems, special studies are not needed unless a three or four week period of conservative treatment fails to improve symptoms. Moreover, evidence-based guidelines presented criteria for ordering imaging studies are as follows: 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. Other evidence-based guidelines also presented indications for the use of a computed tomography scan which include suspected cervical spine trauma, alert, cervical tenderness, paresthesias in hands or feet; suspected cervical spine trauma, unconscious; suspected cervical spine trauma; impaired sensorium (including alcohol and/or drugs); known cervical spine trauma: severe pain, normal plain films, no neurological deficit; known cervical spine trauma: equivocal or positive plain films, no neurological deficit; and known cervical spine trauma: equivocal or positive plain films with neurological deficit. Although documents do indicate that the injured worker is complaining of a sore neck pain, presented documents do not indicate any unequivocal objective findings nor did it show any indication that she has met any of the indications presented. Based on the information presented, the medical necessity of the requested computed tomography scan of the cervical spine without contrast is not established.