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| Case Number: | CM14-0085467 | | |
| Date Assigned: | 07/23/2014 | Date of Injury: | 08/01/2002 |
| Decision Date: | 09/18/2014 | UR Denial Date: | 05/09/2014 |
| Priority: | Standard | Application Received: | 06/09/2014 |

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, has a subspecialty in Pain Management 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:

This is a patient with a date of injury of 8/1/02. A utilization review determination dated 5/9/14 recommends non-certification of CT cervical spine. Patient has a history of c4-6 decompression and fusion in 2003. 6/6/14 medical report identifies intermittent pain with spasms in the neck and numbness and tingling in the left arm. "These symptoms are in the left arm more often than the right to compensate a condition of the right shoulder." On exam, there is limited neck range of motion as well as RUE abduction to 120 degrees. CT was recommended to further evaluate his daily pain. Due to a condition of the right shoulder, he has been using the left arm more often and has developed pain and numbness in the left arm, as well.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT (computed tomography) cervical spine: 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): 176-177. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck Chapter, Computed tomography (CT).

Decision rationale: Regarding the request for CT cervical spine, California MTUS and ACOEM support the use of imaging for emergence of a red flag, physiologic evidence of tissue insult or neurologic deficit, failure to progress in a strengthening program intended to avoid surgery, and for clarification of the anatomy prior to an invasive procedure. The ODG notes that, for the evaluation of the patient with chronic neck pain, plain radiographs (3-view: anteroposterior, lateral, open mouth) should be the initial study performed. Patients with normal radiographs and neurologic signs or symptoms should undergo magnetic resonance imaging. Within the documentation available for review, there is no indication of any red flag diagnoses, physiologic evidence of tissue insult, or neurologic dysfunction. There are no findings suggestive of radiculopathy, as the provider attributes the nonspecific complaints of numbness and tingling to overcompensation with the left arm due to a right shoulder condition, and no neurological findings on exam are noted. There is also no suggestion of instability or another rationale for advanced imaging. Given the lack of clarity regarding those issues, the currently requested CT cervical spine is not medically necessary.