

Case Number:	CM14-0086067		
Date Assigned:	07/23/2014	Date of Injury:	03/20/2000
Decision Date:	08/29/2014	UR Denial Date:	06/05/2014
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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 63-year-old male with a reported date of injury on 03/20/2000. The injury reportedly occurred when he bent down to pick up a pallet he dropped. He felt a snapping, painful sensation to his low back that radiated to his neck. His diagnoses were noted to include chronic cervical ligamentous and muscular strain with discopathy, symptomatic radiculopathy, chronic thoracic sprain/strain, status post lumbar surgery with residual pathology, failed back syndrome with underlying radiculopathy, and sleep issues. His previous treatments were noted to include medications and surgery. The progress note dated 04/23/2014 revealed the injured worker complained of frequent pain in the neck and upper back which varied in intensity from achy to sharp pain. The pain traveled down his shoulders and arms down to his hands and mid to lower back. The injured worker complained of numbness and tingling to his arms and hands as well as frequent headaches, in which he associated with neck pain. He had stiffness and tension in his neck and pain was aggravated when he is under a lot of stress. The injured worker complained of continuous pain to his lower back which varied in intensity become sharp and shooting, stabbing, dull, and aching. His pain travels up his mid upper back, neck, and down his buttocks to his legs and feet. He had episodes of numbness and tingling in his legs and feet. The injured worker reported since the date of injury that there were episodes of increased pain to his neck and low back causing difficulty in taking a shower, getting dressed, driving, doing household chores, prolonged sitting, lying in bed, standing and walking, getting from seated position; he was unable to do recreational activities and hobbies. The physical examination of the cervical spine noted tenderness, muscle tightness, and guarding in the upper trapezial and intrascapular area with spasm. The cervical range of motion was restricted with spasm, especially in flexion of 45 degrees, extension of 45 degrees; cervical right and left lateral flexion

of 60 degrees; and right and left lateral rotation of 60 degrees. The request for authorization was not submitted within the medical records. The request was for a computed tomography scan of the neck as an outpatient; however, the provider's rationale was not submitted within the medical record.

IMR ISSUES, DECISIONS AND RATIONALES

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

Computed Tomography (CT) scan of the neck as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Chronic Pain Table 2, Chron Pain Disorders. Decision based on Non-MTUS Citation Official Disability Guidelines 11th edition.

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

Decision rationale: The injured worker has had previous x-rays taken; however, the documentation did not specify what body region. The California MTUS/ACOEM Guidelines state physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The guidelines state a CT can be used to identify and define anatomic defects. The documentation provided indicated the injured worker had plain x-rays; however, it does not specify what body region or the results. The documentation indicated the injured worker was having pain and limited range of motion; however, there are not enough clinical findings to warrant a CT. Therefore, the request is not medically necessary.