

Case Number:	CM13-0003851		
Date Assigned:	06/11/2014	Date of Injury:	09/11/2010
Decision Date:	05/01/2015	UR Denial Date:	07/17/2013
Priority:	Standard	Application Received:	07/26/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 55 year old female, who sustained an industrial injury on 9/11/10. The injured worker was diagnosed as having cervical sprain/strain, depression, status post left carpal tunnel release, chronic pain, myofascial pain, cervical psuedoarthrosis post revision fusion at C5-6 and C6-7 and status post anterior fusion. Treatment to date has included physical therapy, anterior cervical fusion, home exercise program and oral medications. (CT) computerized tomography myelogram of cervical spine was performed on 1/28/13, she also has received (MRI) magnetic resonance imaging of left wrist and arm and (EMG) Electromyogram and (NCV) Nerve Condition Velocity studies. Currently, the injured worker complains of sharp stabbing pain in neck. Physical exam noted limited range of motion, tenderness and pain over posterior spinous process of cervical spine. The current treatment plan consists of (CT) computerized tomography scan of the cervical spine to determine if there is psuedoarthrosis, delayed union or other problems with hardware.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT scan with SPECT imaging of the Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177. Decision based on Non-MTUS Citation Official

Disability Guidelines, Low Back Chapter, SPECT (single photon emission computed tomography).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 176-177.

Decision rationale: Regarding the request for cervical CT, guidelines 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. Guidelines also recommend CT for patients with known or suspected spine trauma with normal plain radiographs. Within the documentation available for review, the provider has ordered CT scan to rule out pseudoarthritis and nonunion of spine fusion, and hardware problem. The patient was having stabbing pain without motor or sensory deficits on exam, and there is no indication of any red flag diagnoses or physiologic evidence of tissue insult. Additionally, there was no plain film radiographs completion prior to the CT scan. In the clarity regarding those issues, the currently requested cervical CT spect imaging is not-medically necessary.