

Case Number:	CM14-0186570		
Date Assigned:	11/14/2014	Date of Injury:	04/28/2012
Decision Date:	01/16/2015	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	11/10/2014

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 Interventional Spine 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 patient is a 64-year old male with an injury date of 04/28/12. Per the 09/24/14 and 09/04/14 reports the patient presents with intermittent, moderate neck pain radiating to the bilateral shoulders with occasional difficulty rotating the head and neck. The patient also presents with pain in the right jaw, right eye socket, bilateral shoulders, clavicle, and left rib cage with inhalation, stress and occasional difficulty breathing. There is lower back pain, mostly axial with some numbness in the right thigh. The patient is on total temporary disability until 10/02/14 re-evaluation. Cervical spine examination shows positive cervical distraction test with reduced range of motion. For the bilateral shoulders, there is palpable tenderness and mild spasm about the trapezius muscles with the following tests positive on the right: impingement, supraspinatus weakness (4-/5), and Faber. Lumbar spine examination shows tenderness upon palpation of the paraspinal muscles with facet joint pain with provocation. The patient's diagnoses include: 1. Cervical spine sprain/strain with radicular complaints 2. History of cervical spine fusion (February 2014) 3. Facial trauma/contusion 4. Bilateral shoulder rotator cuff tendinitis/bursitis 5. Traumatic brain injury 6. Clavicular rib pain 7. History of left clavicular fracture 8. History of blood clot in lungs 9. Work related assault. The utilization review being challenged is dated 10/16/14. The rationale is that there is no documentation of plain radiographs of the cervical spine, no clear indication for the requested CT scan, no clear clinical change, evidence of progressive neurological defect or problems with the fusion. Reports were provided from 03/04/13 to 09/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT Scan of the cervical Spine: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter, Computed tomography

Decision rationale: The patient presents with intermittent, moderate neck pain radiating to the bilateral shoulders status post cervical spine fusion in February 2014. Injury is due to physical assault or hit and run. The patient has no memory of the injury. The physician requests for CT SCAN OF THE CERVICAL SPINE per 09/04/14 report and 10/08/14 RFA. ODG, Neck and Upper Back Chapter, Computed tomography, states it is recommended when indications include the following: Known cervical spine trauma: equivocal or positive plain films," both with and without neurological deficit. Per the 09/04/14 report the physician requests authorization for both MRI and CT scan cervical to evaluate the percentage of fusion process and injury. It is unknown from the reports provided if the MRI was authorized and/or received. On 03/20/14 the physician cites an AP and lateral x-ray cervical spine (date unknown) showing good evidence for early consolidation of the patient's fusion and showing that instrumentation is stable. There is no evidence of prior CT imaging, cervical, for this patient. In this case, known cervical spine trauma is present in this patient, and plain film radiographs are equivocal or positive. The request IS medically necessary.