MAXIMUS Federal Services

Case Number:	CM14-0204503		
Date Assigned:	12/16/2014	Date of Injury:	09/08/2010
Decision Date:	02/10/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/08/2014

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 Rehab, has a subspecialty in Pain Medicine 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 48 year old male who suffered a work related injury, he fell injuring his cervical and lumbar spine, on 09/08/2010. He complains of low back and neck pain. He is pending a lumbar Magnetic Resonance Imaging and Computed Tomography scan. A physician progress note dated 12/01/2014 documents the injured worker is present for follow up and medication refills. The injured worker has difficulty walking, changing position and getting onto the examining table. There is muscle spasm present. He has had Cervical 4-6 anterior cervical discectomy and fusion, Lumbar 5-Sacral 1 transforaminal lumbar Interbody fusion, Cervical 6-7 anterior cervical discectomy and fusion, and removal of lumbar hardware. He saw a neurosurgeon on 11/03/2014 and it was documented he lost his balance about two weeks previously, and struck his head against the wall of the entertainment center. This caused significant pain in his left arm as well as weakness. Unfortunately the strength has not returned. He has a history of balance dysfunction, but feels that after this trip and fall that it has worsened. He continues to walk and drag his left leg. He puts his arms out to help with balance. Examination of the cervical spine showed a decrease in range of motion. Motor examination for his left arm demonstrates 4/5. He has difficulty raising it above his head because of the pain. He does have 4/5 weakness of his left leg. An x ray of the cervical spine shows instrumented Cervical 6-7 fusion. There is a lucency seen at the top of the cage at the inferior aspect of Cervical 6 which may indicate a pseudarthrosis.The treatment plan recommends an updated MRI of the cervical spine to evaluate for new pathology due to his new left arm weakness and also a request for CT scan of the cervical spine to evaluate the fusion. Utilization Review on 11/19/2014 non-certified the request for CT scan of the cervical spine without contrast, citing Official Disability Guidelines. California Medical Treatment Utilization Schedule (MTUS), American College of Occupational and Environmental Medicine (ACOEM) do not specifically address indication for computed

tomography scan in this particular setting. ODG states that a computed tomography scan is quite useful in patients who have suspected evidence of cervical trauma. The records in this particular case clearly has raised questions about trauma; it would appear that a Magnetic Resonance Imaging of the cervical spine would, in fact, provide information regarding that particular issue. Although the treating physician suggests that he is concerned about the possibility of pseudarthrosis, it is unclear as to how that would impact this gentleman's treatment as he appeared to have been declared permanent and stationary prior to the recent event and concerns are not whether he may have pseudarthrosis, a condition which would have clearly been preexisting and chronic in advance of the permanent and stationary status but, rather whether or not he sustained acute trauma and perhaps even a spinal cord injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT Scan without contrast- Cervical Spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 19th edition, 12th edition, 2014, Neck and Upper Back Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neck and Upper Back Complaints Page(s): 176-177. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck Chapter, Computed tomography (CT), Low Back, CT (computed tomography).

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. Regarding the request for CT scan of the lumbar spine, Official Disability Guidelines state CT is indicated for thoracic or lumbar spine trauma, myelopathy to evaluate pars defect not identified on plain x-rays, and to evaluate successful fusion if plain x-rays do not confirm fusion. Within the documentation available for review, it is clear the patient has undergone a cervical fusion surgery recently, and plain film radiographs call into question whether the fusion is complete. Guidelines support the use of CT scan to assess whether fusion is successful. As such, the currently requested CT scan of the cervical spine without contrast is medically necessary.