

Case Number:	CM14-0208028		
Date Assigned:	12/22/2014	Date of Injury:	06/18/2009
Decision Date:	02/19/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/12/2014

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. 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 & Rehabn, 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:

This is a female patient with a date of injury of June 18, 2009. A utilization review determination dated November 20, 2014 recommends non-certification of a CT scan of the cervical spine without contrast, MRI of the cervical spine with and without contrast, CBC with diff, ESR, and CRP. A progress note dated November 6, 2014 does not identify any subjective complaints. The physical examination reveals a well-healed surgical scar consistent with the previous surgery, slight tenderness to palpation over the posterior paravertebral spinal muscles, upper extremity strength of upper extremities is 5/5, and sensation to pin prick and light touch is intact. The diagnoses include chronic intractable axial neck pain, right trapezial pain, and right arm achiness, cervical spondylosis as per an MRI dated February 21, 2014, rule out internal derangement of rotator cuff muscles of right shoulder, history of drug dependence, and anterior fusion at C5, C6, and C7 without signs of spondylolisthesis or evidence of hardware loosening or complication. The treatment plan recommends an MRI of the cervical spine with and without contrast, CT scan of the cervical spine, and sed rate, CRP, and CBC with diff platelets. Within the discussion there is documentation of 100% improvement of the patient's arm pain, 60% improvement of her neck pain, but an x-ray done on November 6 appears to have revealed increase of lysis in the C5 bone compared to the October x-ray. A cervical spine x-ray dated December 4, 2014 reveals stable appearance of C5-C6 and C6-C7 discectomy and fusion. An operative report dated September 10, 2014 identifies that the patient is status post an anterior cervical discectomy and fusion at C5-C6 and C6-C7. A progress note dated November 25, 2014 identifies subjective complaints of the patient feeling tired and fatigued at the end of the day after undergoing more strenuous activities,

and she reports an overall 60% improvement in comparison to her pre-operative level. The treatment plan reveals an appeal to the denial of the imaging and bloodwork requested on November 6, 2014. The physician states that he is requesting the MRI of the cervical spine with and without contrast and the CT scan of the cervical spine in order to check for any signs of infection. The CBC, ESR, and CRP were also requested to evaluate the patient for infection.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT scan cervical spine without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 172. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back Procedure Summary

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) .

Decision rationale: Regarding the request for cervical CT without contrast, 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, there is no indication of any red flag diagnoses or physiologic evidence of tissue insult or neurologic dysfunction. Additionally, the patient has documented improvement of neck and arm pain. Furthermore, the concern for infection is questionable due to the fact that the patient has no symptomology of infection and the latest x-ray did not reveal any "lysis" at C5 that was documented by the requesting physician as having been seen on the previous cervical spine x-ray. In the clarity regarding those issues, the currently requested CT scan cervical spine without contrast is not-medically necessary.

MRI of cervical spine with and without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 172. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back Procedure Summary

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, MRI.

Decision rationale: Regarding the request for cervical MRI with and without contrast, 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 MRI after 3 months of conservative treatment. Within the documentation available for review, there is no indication of any red flag diagnoses or physiologic evidence of tissue insult or neurologic dysfunction. Additionally, the patient has documented improvement of neck and arm pain. Furthermore, the concern for infection is questionable due to the fact that the patient has no symptomology of infection and the latest x-ray did not reveal any "lysis" at C5 that was documented by the requesting physician as having been seen on the previous cervical spine x-ray. In the absence of such documentation the requested cervical MRI with and without contrast is not medically necessary.

Labs: CBC with Diff, ESR, CRP: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.nhlbi.nih.gov/health/health-topics

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Complete Blood Count (<http://labtestsonline.org/understanding/analytes/cbc/tab/test>).

Decision rationale: Regarding the request for CBC with diff, ESR, and CRP, California MTUS and ODG do not address the issue. Within the documentation available for review, there is no documentation identifying the medical necessity of these tests. A CBC is ordered to evaluate various conditions, such as anemia, infection, inflammation, bleeding disorders, leukemia, etc. The requesting physician is concerned about possible infection in the cervical spine. Although, the patient does not exhibit any subjective or objective findings consistent with an infection, it is important to definitely identify whether occult infection may be present. In light of the above issues, the currently requested CBC with diff, ESR, and CRP are medically necessary.