

Case Number:	CM14-0086515		
Date Assigned:	07/23/2014	Date of Injury:	09/25/2009
Decision Date:	01/26/2015	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/10/2014

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 Family Practice and is licensed to practice in New Jersey. 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 worker is a 54 year old female who was injured on 9/25/2009 when boxes dropped on her left shoulder. She was diagnosed with cervical sprain/strain, left shoulder adhesive capsulitis, and left trapezius sprain/strain. She was treated with shoulder surgery (arthroscopic), physical therapy, cervical epidural and facet joint injections, spinal cord stimulator, and medication. On 4/28/14, the worker was seen by her primary treating physician, reporting worsening neck pain, rated at 10/10 on the pain scale involving both her shoulders and is constant. Physical examination findings included tenderness to the cervical paraspinal and trapezius muscles, positive Spurling's on the left and positive cervical compression, decreased strength and sensation on the left at C5, C6, C7, and C8, and normal arm deep tendon reflexes. She was then recommended a cervical spine CT scan due to worsening symptomatology and decrease functionality, and was also recommended for a referral to a spine surgeon for the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT (Computed Tomography) Scan Cervical Spine 1/5: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Medical Guidelines Treatment in Workers Compensation 18th Edition 2013 Cervical Spine CT (computed tomography)

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

Decision rationale: The MTUS ACOEM Guidelines state that for most patients presenting with true neck or upper back problems, special studies are not needed unless a 3-4 week period of conservative care and observation fails to improve symptoms. The criteria for considering any imaging of the cervical spine includes: emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, looking for a tumor, and clarification of the anatomy prior to an invasive procedure, and these would lead to a consideration of MRI testing. CT scans, specifically, might be considered in situations when bony abnormalities need to be seen in more detail, such as when assessing the cervical spine following a fusion surgery, and should only be recommended if it will lead to a meaningful change in the treatment plan. In the case of this worker, there was no history suggestive of a red flag diagnosis which might have benefitted from getting a cervical CT scan such as blunt trauma (fracture) or recent surgery. The pain in her case was getting worse and possibly involving nerve impingement, based on physical examination findings. Therefore, the CT scan is not medically necessary.