

Case Number:	CM15-0003627		
Date Assigned:	01/14/2015	Date of Injury:	01/23/1997
Decision Date:	03/16/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/07/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

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 66 year old male who sustained an industrial injury on 1/23/1997. He has reported chronic neck and low back pain and bilateral shoulder pain. The injured worker had a fall in 2012 resulting in a vertebroplasty and lumbar spinal fusion. The diagnoses have included cervicalgia, lumbago, anxiety, depression, lumbosacral neuritis or radiculitis, cervical degenerative disc disease, lumbar 3 burst fracture and brachial neuritis. Treatment to date has included cervical disc fusion of 5-6 and 6-7, anterior cervical disc fusion on 11/25/2014 of cervical disc 4-5, intrathecal pain pump, physical therapy, steroid injections, left wrist surgery, acupuncture, medication management, psychotherapy, chiropractic and massage. Currently, the Injured Worker complains of post-operative neck pain. The treatment plan included post-operative physical therapy, Norco 10/325 milligrams #70 and a neck computed tomography scan. On 12/17/2014, Utilization Review certified Norco 10/325 milligrams #70 and certified 12 physical therapy sessions and noncertified a neck computed tomography scan without dye, noting the lack of guideline recommendations. The MTUS, ACOEM Guidelines, (or ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 CT Neck Spine without dye: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178-8.

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

Decision rationale: ODG states not recommended except for indications below. Indications for imaging CT (computed tomography):- Suspected cervical spine trauma, alert, cervical tenderness, paresthasias in hands or feet- Suspected cervical spine trauma, unconscious, Suspected cervical spine trauma, impaired sensorium (including alcohol and/or drugs), Known cervical spine trauma: severe pain, normal plain films, no neurological deficit, Known cervical spine trauma: equivocal or positive plain films, no neurological deficit, Known cervical spine trauma: equivocal or positive plain films with neurological deficit. Medical documentation does not indicate this patient has been diagnosed with the conditions outlined in the guidelines. The treating physician has not provided documentation to support this request. As such, the request for 1 CT Neck Spine without dye is not medically necessary.