

Case Number:	CM15-0008108		
Date Assigned:	01/26/2015	Date of Injury:	05/01/2011
Decision Date:	03/20/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	01/14/2015

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: California, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 58 year old female, who sustained an industrial injury on 5/1/2011. On 1/19/15, the injured worker submitted an application for IMR for review of CT scan of the cervical spine. The treating provider has reported the injured worker is complaining of neck pain that radiates to left arm and anxiety unchanged. The diagnoses have included cervical disc protrusion, degenerative disc disease (DDD), and left upper extremity radiculopathy. Treatment to date has included Physical Therapy x18, x-rays cervical spine (12/12/14), MRI cervical (2/28/14), EMG/NCV (12/5/2011), acupuncture x36, TENS unit, cervical traction, epidural steroid injection, EMG bilateral upper extremity. On 12/10/14 Utilization Review non-certified CT scan of the cervical spine per the MTUS, ACOEM and ODG Guidelines.

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: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Online Neck & Upper Back chapter for CT

Decision rationale: The patient continues to complain of persistent neck, upper back and upper extremity pain, paresthesias. The current request is for CT scan of cervical spine. The ODG guidelines support CT scans but there is specific criteria for CT scans. The 12/2/14 progress note states that the 11/28/14 MRI scan was of poor quality and the patient needs a new MRI of the cervical spine at a different facility. He also states that the patient needs cervical flexion/extension x-ray films as well as a CT scan of the cervical spine. The ODG states that CT scans of the cervical spine are not recommended except for indications below. Patients who are alert, have never lost consciousness, are not under the influence of alcohol and/or drugs, have no distracting injuries, have no cervical tenderness, and have no neurologic findings, do not need imaging. Patients who do not fall into this category should have a three-view cervical radiographic series followed by computed tomography (CT). In determining whether or not the patient has ligamentous instability, magnetic resonance imaging (MRI) is the procedure of choice, but MRI should be reserved for patients who have clear-cut neurologic findings and those suspected of ligamentous instability. In this case, the treating physician has not documented any cervical x-ray findings that require further CT evaluation. He has also not indicated why the patient would need both a cervical MRI as well as a CT scan of the cervical spine. He has not indicated if he is looking to rule out instability or disc pathology with possible nerve root impingement. There is no discussion of new exam findings or focal neurological deficits. As such, recommendation is for denial.