

Case Number:	CM15-0132614		
Date Assigned:	07/20/2015	Date of Injury:	01/08/2015
Decision Date:	08/14/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/09/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 69-year-old male, who sustained an industrial injury on 1/8/15. Initial complaints were of his low back and neck. The injured worker was diagnosed as having cervicalgia; left greater than right shoulder impingement syndrome; L3-S1 disc degeneration; L3-S1 facet arthropathy. Treatment to date has included chiropractic therapy, acupuncture; physical therapy; subacromial steroid injection; medications. Diagnostics studies included X-ray cervical spine (2/5/15); MRI right shoulder. Currently, the PR-2 notes dated 6/3/15 indicated the injured worker complains of neck pain, right greater than left, radiating into the right shoulder. He rates his pain 1/10 with medications, which increases to 4/10 without medications. He also complains of low back pain radiating into the buttocks and intermittently into the posterior thighs. The symptoms are report to increase with walking and sitting more than 10 minutes. He has difficulty standing from a sitting position and walks with a limp. He states while walking his legs want to give out. He has temporary relief with rest and medications. He rates his symptoms 6/10 and increases to 9/10. A physical examination documents cervical spine exam with tenderness on palpation over the mid cervical spine bilaterally. Sensory to light touch and pinprick are intact bilaterally of the upper extremities with palpable radial pulses bilaterally. Motor strength is equal bilaterally in the upper extremities 5/5 for abduction, flexion, and extension. Shoulders note special testing positive impingement sign bilaterally right greater than the left and 4/5 bilateral external rotation. The lumbar spine and lower extremities are examined and note a normal gait with normal heel-toe swing through gait with no evidence of a limp. He has no evidence of weakness. Noted tenderness on palpation over the bilateral L4-S1 region and decreased sensation over the left L5 dermatome distribution. X-rays of the cervical spine are dated 2/5/15 that is documented by the provider as: "well-maintained disc heights. Radio opaque shadow anterior to the cervical spine, but unsure what exactly this is. It appears to be anterior

calcification extending the length of the cervical spine but does not appear to be ankylosing spondylitis as the anterior disc space and discs are open". X-rays of the lumbar spine dated 2/5/15 is documented as at least moderate disc space narrowing L3-S1, degenerative scoliosis apex L3 and moderately severe facet arthropathy L4-5 and L5-S1. The provider is requesting authorization of CT scan cervical spine without contrast to evaluate the anterior calcification throughout the cervical spine.

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: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: According to the ACOEM guidelines, a CT of the cervical spine is not recommended in the absence of any red flag symptoms. It is recommended to evaluate red-flag diagnoses including tumor, infection, fracture or acute neurological findings. It is recommended for nerve root compromise in preparation for surgery. In this case, there was concern for calcification of the cervical spine and the possibility of ankylosing spondylitis. As a result, the request for the CT scan is medically necessary.