

Case Number:	CM15-0148087		
Date Assigned:	08/11/2015	Date of Injury:	01/10/2012
Decision Date:	09/08/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/30/2015

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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 41 year old female, who sustained an industrial injury on 1-10-12. She reported pain in her neck. The injured worker was diagnosed as having status post cervical laminoplasty, stabilized cervical myelopathy and post-operative pain from laminoplasty. Treatment to date has included a cervical facet injection on 5-16-12 and 2-20-13 with minimal relief, a cervical laminoplasty on 10-22-14, physical therapy, NSAIDs and Norco. A cervical MRI on 5-4-15 showed interval post-operative change on the left at C3-C6, a C2-C3, C5-C6 and C6-C7 disc protrusion and a C4-C5 central disc extrusion. As of the PR2 dated 6-25-15, the injured worker reports increased neck pain since the previous visit. She feels a shooting pain as well as a clicking. Objective findings include cervical flexion is 70% of normal, extension is 50% of normal and a positive Spurling's test. The treating physician requested a cervical spine CT scan.

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 Qty 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for workers comp. Online Edition.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck, CT.

Decision rationale: This claimant was injured in 2012 and has diagnoses of status post cervical laminoplasty done 10-22-14, stabilized cervical myelopathy and post-operative pain from laminoplasty. A cervical MRI was done just recently on 5-4-15 showed interval post-operative change on the left at C3-C6, a C2-C3, C5-C6 and C6-C7 disc protrusion and a C4-C5 central disc extrusion. As of June 2015, there was increased neck pain. Cervical flexion was 70% of normal, extension was 50% of normal and there was a positive Spurling's test. Another advanced imaging study was requested. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. The ODG cite the following regarding CT imaging of the cervical spine: Suspected cervical spine trauma, alert, cervical tenderness, paresthesias 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. An MRI was just recently done for the neck area; a repeat advanced imaging study would be redundant at this point. Further, plain films are not noted and there is no progression of objective neurologic signs. The request is appropriately non-certified and therefore is not medically necessary.