

Case Number:	CM15-0164998		
Date Assigned:	09/02/2015	Date of Injury:	07/14/2003
Decision Date:	10/05/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	08/21/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 67 year old female, who sustained an industrial injury on 7-14-03. Initial complaints were not reviewed. The injured worker was diagnosed as having cervical spondylosis without myelopathy; brachial neuritis or radiculitis; other symptoms of the back NOS; other symptoms referable to the neck; cervicalgia; lumbar region spinal stenosis without neurogenic claudication; thoracic or lumbosacral neuritis or radiculitis unspecified; spasm of muscle; carpal tunnel syndrome; spondylosis with myelopathy lumbar region. Treatment to date has included status post remote anterior-posterior cervical discectomy fusion C1-C7; physical therapy; psychotherapy; occipital nerve blocks; bilateral facet blocks L4-L5 and L5-S1 (8-12-15); urine drug screening; trigger point injections cervical-trapezius; medications. Diagnostics studies included MRI cervical spine (2-8-11); CT scan cervical spine (1-10-13; 4-26-13); EMG-NCV lower extremities (5-20-15); MRI lumbar spine (4-30-15). Currently, the PR-2 notes dated 7-17-15 indicated the injured worker presents to the office as a follow-up. The provider documents the injured worker has a complex surgical history with a cervical fusion and the last surgery was in October 2012. He notes that she has been left with chronic pain in the neck requiring medications Fentanyl and Percocet. She is inquiring whether there are any surgical options for her. Physical examination shows a decreased range of motion of the cervical spine and a well-healed anterior-posterior incision. There is tenderness to palpation in the cervicothoracic junction without any motor or sensory deficits of the upper extremities. Cervical x-rays documented by the provider on this date were of AP and lateral views revealing anterior fusion with interbody cage and hardware at C3 to C7 posteriorly and lateral mass screws at C1-2

levels as well as hardware spanning from C1 to C4 posteriorly. The provider is recommending further work up before surgical intervention options can be discussed. Additional PR-2 notes dated 1-28-15 indicate re-exploration cervical spine surgery has been recommended for "suspicious nonunion at C6-7 with C1-2 hardware that is malpositioned", but preliminary medical stress test had been denied. Due to the delay in treatment, the injured worker became depressed and has been treated by a psychiatrist and put on Lexapro. The provider is requesting authorization of MRI cervical spine without contrast and CT scan of the cervical spine without contrast.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Cervical spine without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179 and 180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and upper back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Magnetic resonance imaging and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6, page 13.

Decision rationale: The claimant sustained a work-related injury in July 2003 and underwent an anterior cervical decompression and fusion in January 2012 from C3 to C7 and additional surgery in September 2012 with fusion from C1 to C3 due to an odontoid fracture. Post-operative imaging has included CT scans of the cervical spine in January 2013 and April 2013. A SPECT scan is referenced as suspicious for a nonunion at C6-7 and as showing malpositioning of hardware at C1-2. When seen, she was having chronic neck pain. There had been no new injury. She was wondering whether additional surgery would be an option. Physical examination findings included decreased cervical spine range of motion with cervicothoracic junction tenderness. There were no recorded neurological deficits. X-rays were obtained with anterior-posterior and lateral views demonstrating her surgical hardware without reported abnormality. Guidelines recommend against repeated diagnostic testing without indication as it focuses the patient on finding an anatomic abnormality, rather than focusing on maintaining and increasing functional outcomes. Guidelines recommend against a repeat cervical spine MRI which should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology such as tumor, infection, fracture, neurocompression, or recurrent disc herniation. In this case, the claimant has already had a cervical spine MRI. There is no new injury or significant change in her condition and no identified red flags or neurological deficits that would indicate the need for a repeat scan. The request was not medically necessary.

CT of the Cervical spine without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179 and 180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and upper back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Computed tomography (CT) and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6, page, 13.

Decision rationale: The claimant sustained a work-related injury in July 2003 and underwent an anterior cervical decompression and fusion in January 2012 from C3 to C7 and additional surgery in September 2012 with fusion from C1 to C3 due to an odontoid fracture. Post-operative imaging has included CT scans of the cervical spine in January 2013 and April 2013. A SPECT scan is referenced as suspicious for a nonunion at C6-7 and as showing malpositioning of hardware at C1-2. When seen, she was having chronic neck pain. There had been no new injury. She was wondering whether additional surgery would be an option. Physical examination findings included decreased cervical spine range of motion with cervicothoracic junction tenderness. There were no recorded neurological deficits. X-rays were obtained with anterior-posterior and lateral views demonstrating her surgical hardware without reported abnormality. Guidelines recommend against repeated diagnostic testing without indication as it focuses the patient on finding an anatomic abnormality, rather than focusing on maintaining and increasing functional outcomes. A CT scan of the cervical spine can be recommended to evaluate a fusion after obtaining plain x-rays which do not confirm a successful fusion. In this case, there is no acute injury. Plain film x-rays were obtained, but flexion and extension views are not documented which would be the appropriate next step in her evaluation. The requested CT scan is not considered medically necessary.