

Case Number:	CM15-0169517		
Date Assigned:	09/10/2015	Date of Injury:	07/07/2006
Decision Date:	10/13/2015	UR Denial Date:	08/16/2015
Priority:	Standard	Application Received:	08/28/2015

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: North Carolina, Georgia
 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 53 year old male, who sustained an industrial injury on 7-7-06. The injured worker was diagnosed as having cervical degenerative disc disease, cervicgia and chronic pain syndrome. The physical exam (3-16-15 through 6-9-15) revealed 3-5 out of 10 pain, paraspinal tenderness in the neck and a positive foraminal closure test. Treatment to date has included a C5-C6 fusion, an EMG-NCS of the upper extremities on 7-13-09, cervical epidural injections, an anterior C3-C4 fusion on 1-23-15, Soma, Naproxen and Norco. As of the PR2 dated 8-4-15, the injured worker reports chronic neck pain with numbness and tingling in the upper extremities to the hands. He rates his pain 6 out of 10 and reports that medications help decrease his pain. Objective findings include paraspinal tenderness in the neck and increased pain with cervical extension. The treating physician requested a cervical spine CT scan. On 8-10-15, the treating physician requested a Utilization Review for a cervical spine CT scan. The Utilization Review dated 8-16-15, non-certified the request for 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: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck, Computed tomography.

Decision rationale: ACOEM states that CT of the neck is indicated for unequivocal objective findings of specific nerve compromise in a person with symptoms who do not respond to treatment and for whom surgery would be a reasonable intervention. Additionally, ODG states that CT of the neck is indicated in certain instances of trauma including - 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 or known cervical spine trauma: equivocal or positive plain films with neurological deficit. In this case, there are no signs of nerve root compromise and no acute trauma. CT of the neck is not medically necessary.