

Case Number:	CM15-0182959		
Date Assigned:	09/23/2015	Date of Injury:	04/17/2002
Decision Date:	10/28/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/17/2015

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

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:

This is a 43 year old female with a date of injury on 4-17-2002. A review of the medical records indicates that the injured worker is undergoing treatment for status post anterior cervical discectomy and fusion with upper extremity radiculopathy and bilateral shoulder impingement. According to the progress report dated 8-5-2015, the injured worker complained of ongoing pain to her cervical spine and bilateral upper extremity symptoms. She reported arm weakness and pain. The physical exam (8-5-2015) of the cervical spine revealed midline tenderness, spasm and tightness. Range of motion was reduced and painful. Treatment has included surgery, acupuncture and medications. It was noted that radiographs of the cervical spine taken 8-5-2015 showed evidence of fused segments at C4-C5 and C5-C6. There were no acute findings or fractures. The original Utilization Review (UR) (9-3-2015) denied requests for computed tomography of the cervical spine and a large heating pad.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper back.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

Decision rationale: Per ACOEM Treatment Guidelines, criteria for ordering imaging studies such as the requested CT scan of the cervical spine include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure, none identified. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports have not adequately demonstrated the indication for the CT scan of the Cervical spine nor document any specific acute progressive change in clinical findings or new injury to support this imaging study. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The CT of the cervical spine is not medically necessary or appropriate.

Large heating pad: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper back.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Care.

Decision rationale: Although local applications of cold packs may be applied during first few days of acute symptoms followed by applications of heat packs to suit patient due to the relative ease and lack of adverse affects, there exists insufficient testing to determine the effectiveness (if any) of heat/cold applications in treating mechanical disorders in the later sub acute and chronic period of injury. Submitted reports have not clearly demonstrated acute changes, new injury or deteriorating clinical findings to support for the pad beyond guidelines criteria. The Large heating pad is not medically necessary or appropriate.