

Case Number:	CM15-0183541		
Date Assigned:	09/24/2015	Date of Injury:	07/25/2011
Decision Date:	11/06/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	09/18/2015

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:

The injured worker is a 56 year old male, who sustained an industrial injury on 7-25-2011. The medical records indicate that the injured worker is undergoing treatment for cervical intervertebral disc disorder with myelopathy; status post fusion. According to the progress report dated 9-3-2015, the injured worker presented with complaints of neck pain, associated with numbness and tingling in the bilateral hands. On a subjective pain scale, he currently rates his pain 9 out of 10. The discomfort at its worst is rated 10 out of 10 and at its best 8 out of 10. The physical examination of the cervical spine reveals tenderness to palpation and decreased range of motion. The current medications are Tramadol and Omeprazole. No previous diagnostic studies noted. Treatments to date include medication management and surgical intervention. Work status is described as temporarily totally disabled. The original utilization review (9-11-2015) had non-certified a request for computed tomography scan of 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 of the cervical spine: Upheld

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

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 chapter under Computed tomography (CT).

Decision rationale: The 56 year old patient complains of pain in cervical spine, bilateral shoulders, right anterior arm, lumbar spine, sacroiliac joint, right buttock, and right pelvis, rated at 9/10, as per progress report dated 09/03/15. The request is for CT scan of the cervical spine. The RFA for this case is dated 09/03/15, and the patient's date of injury is 07/25/11. The patient also has tingling and numbness in bilateral hands along with dizziness, anxiety, stress and insomnia, as per progress report dated 09/03/15. Diagnoses included cervical fusion, lumbar intervertebral disc disorder with myelopathy, cervical intervertebral disc disorder with myelopathy, and sciatica. Medications included Tramadol, Omeprazole and topical compounded creams. The patient is temporarily totally disabled, as per the same progress report. ODG guidelines, Neck and Upper Back chapter under Computed tomography (CT) section states that "for the evaluation of the patient with chronic neck pain, plain radiographs (3-view: anteroposterior, lateral, open mouth) should be the initial study performed. Patients with normal radiographs and neurologic signs or symptoms should undergo magnetic resonance imaging. If there is a contraindication to the magnetic resonance examination such as a cardiac pacemaker or severe claustrophobia, computed tomography myelography, preferably using spiral technology and multiplanar reconstruction is recommended." Indications for imaging, CT (computed tomography): 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. In this case, a request for CT scan is noted in progress report dated 09/03/15. The provider states that "the patient has been noticing cervical spine pain and there is no recent imaging studies for review." Physical examination of the cervical spine revealed tenderness to palpation along with painful and limited range of motion, as per progress report dated 09/03/15. There is no documentation of a neurologic deficit. Additionally, the patient has chronic neck pain and a history of cervical fusion but review of provided medical records does not show prior X-ray of the cervical spine for this patient. For chronic neck, ODG recommends plain radiographs should be the initial study performed. Furthermore, ODG guidelines support the use of CT scans only in patients who have contraindication for MRIs, and there are no such indications in this case. Hence, the request is not medically necessary.