

Case Number:	CM15-0196419		
Date Assigned:	10/12/2015	Date of Injury:	04/01/2014
Decision Date:	11/18/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/06/2015

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: Arizona, California

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 30 year old male who sustained an industrial injury on 4-1-14. He is working on light duty. The medical records indicate that the injured worker is being treated for cervical disc displacement; status post anterior cervical discectomy and fusion C5-6; possible non-union. He currently (9-16-15) complains of continuing neck spasms. His pain level was 4 out of 10. Muscle relaxers reduce the spasms. On physical exam there was tenderness and spasms in the cervical musculature, decreased range of motion by 40%. His cervical range of motion has deteriorated. In the 6-24-15 note it was 25% decreased and the 7-27-15 note it was 30% decreased. His diagnostics included x-rays (4-29-15) status post anterior cervical discectomy and fusion C5-6; MRI of the cervical spine (6-5-15) showing fusion at C5-6 without neural compression, mild multi-level upper thoracic bulge; x-rays (9-16-15) showing luecency through interbody device with no evidence of failure. Treatments include physical therapy with benefit; home exercise program and requested computed tomography of the cervical spine with reconstruction (9-16-15 note); medications: naproxen, Flexeril, Ultram. The request for authorization dated 9-17-15 was for computed tomography of the cervical spine with reconstruction. On 9-23-15 Utilization Review non-certified the request for computed tomography of the cervical spine with reconstruction.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT (computerized tomography), cervical spine with reconstruction: Upheld

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

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

Decision rationale: According to the ACOEM guidelines, an MRI of the cervical spine is not recommended in the absence of any red flag symptoms. It is recommended to evaluate red-flag diagnoses including tumor, infection, fracture or acute neurological findings. It is recommended for nerve root compromise in preparation for surgery. There were no red flag symptoms. There was no plan for surgery. According to the ODG: 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, the claimant had a recent MRI which showed the fusion. There was no recent trauma or new deficit. The request for a CT was not substantiated and not medically necessary.