

Case Number:	CM15-0208027		
Date Assigned:	10/26/2015	Date of Injury:	06/07/1999
Decision Date:	12/10/2015	UR Denial Date:	10/10/2015
Priority:	Standard	Application Received:	10/22/2015

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 64 year old male, who sustained an industrial injury on 6-7-99. The injured worker was being treated for post laminectomy syndrome of cervical region, pain in joint involving shoulder region, myalgia and myositis, cervical radiculopathy, myofascial pain and disorder of shoulder. On 8-25-15 the injured worker complained of neck pain rated 3 out of 10, upper back pain rated 2 out of 10, mid back pain 4 out of 10 and lower back pain rated 2 out of 10 and on 9-29-15, the injured worker complains of chronic neck, left shoulder and back pain rated 6 out of 10 with medications and 8 out of 10 without medications. Physical exam performed on 8-25-15 revealed cervical tenderness in c1 bilaterally, tenderness of C2 and C5 cervical spinous levels, tenderness on palpation of the spinous process at T1, T6 and T11; tenderness in left lumbar region and left erector spine and tenderness of spinous process at L4 and L5 and on 9-29-15 revealed restricted cervical range of motion, decreased grip strength bilaterally, tenderness and tightness of right thoracic area and weakness in left upper extremity. On 8-25-15 his condition was noted to be improving. Treatment to date has included oral medications including Percocet, cervical laminectomy, physical therapy, chiropractic treatment and activity modifications. On 9-29-15 request for authorization was submitted for CT scan of cervical spine. Documentation notes the injured worker had MRI of cervical spine performed; however report was not submitted for review, CT was ordered for comparison.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 CT of the cervical spine: 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): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck, Computed Tomography.

Decision rationale: ACOEM states that CT or MRI of the neck are 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. MRI is the preferred imaging method for cervical spine. In this case, an MRI has been performed and epidural steroid injections are planned. There is no submitted rationale for the additional CT imaging of the neck. CT of the neck is not medically necessary.