

Case Number:	CM15-0022050		
Date Assigned:	02/11/2015	Date of Injury:	10/22/2011
Decision Date:	04/17/2015	UR Denial Date:	01/11/2015
Priority:	Standard	Application Received:	02/05/2015

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

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 38 year old female, who sustained an industrial injury on 10/22/2011. The diagnoses have included thoracic or lumbosacral neuritis or radiculitis unspecified, other syndromes affecting cervical region and other joint derangement. Treatment to date has included surgical intervention, physical therapy and pain medication. The injured worker underwent C6-7 anterior cervical discectomy and fusion (ACDF) on 6/10/2014 for C6 fracture. According to the Primary Treating Physician's Progress Report dated 12/18/2014, the injured worker was seen for follow-up status post C6-7 fusion. She was complaining of pain on and off to the back of the neck and left shoulder. Objective findings of the cervical spine revealed a well-healed surgical scar. There was tenderness to palpation to the back of the spine. Range of motion was restricted. Authorization was requested for a computerized tomography (CT) scan of the cervical spine to determine the healing process after the fusion, after the passing of more than six months after surgery. On 1/11/2015, Utilization Review (UR) non-certified a request for Computerized Tomography (CT) Scan to the Cervical Spine. The Official Disability Guidelines (ODG) were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT Scan to the cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174.

Decision rationale: The ACOEM chapter on neck and upper back complaints and special diagnostic studies states: Criteria for ordering imaging studies are:- 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. The provided progress notes fails to show any documentation of indications for imaging studies of the neck as outlined above per the ACOEM. There was no emergence of red flag. The neck pain was characterized as unchanged. The physical exam noted no evidence of new tissue insult or neurologic dysfunction. There is no planned invasive procedure. The patient was 6 months post surgery. Therefore, criteria have not been met for a MRI of the neck and the request is not certified.