

Case Number:	CM15-0023397		
Date Assigned:	02/10/2015	Date of Injury:	06/29/2010
Decision Date:	03/31/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	02/02/2015

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: 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 48 year old male who sustained a work related injury on June 29, 2010, from repetitive movements during his job causing headaches and pain to his neck. Currently, the injured worker complains of continued neck and back pain. Treatment included aqua therapy, Transcutaneous Electrical Nerve Stimulation (TENS) unit, injections, lumbar hardware blocks, and pain medications. He underwent a cervical fusion in 2011, and a lumbar fusion in 2012. He was diagnosed with lumbar and cervical disc disease status post work related injury. The injured worker is status post revision cervical spine fusion C5-C7 on 7/23/14. He presented for a neurosurgical evaluation on 12/3/14 at which time he complained of neck pain rated 6/10 with right upper extremity numbness and tingling. A cervical spine CT scan was requested to assess for pseudoarthrosis. On December 26, 2014, a request for a service of a Computed Tomography (CT) of the cervical spine was non-certified by Utilization Review, noting American College of Occupational and Environmental Medicine Guidelines and California Medical Treatment Utilization Schedule.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT Scan of Cervical Spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation ODG, Neck and Upper Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: According to ACOEM Guidelines, cervical computed tomography scan is indicated to evaluate for bony structures. In this case, the injured worker is status post revision cervical spine fusion at the C7-C9 levels and is complaining of significant neck pain rated 6/10 associated with numbness and tingling into the right upper extremity. The request at this time for further imaging studies to rule out pseudoarthrosis is supported. CT(computed tomography) Scan of Cervical Spine is medically necessary.