

Case Number:	CM15-0024017		
Date Assigned:	02/13/2015	Date of Injury:	07/02/2006
Decision Date:	04/08/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/09/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

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 (IW) is a 47 year old female who sustained an industrial injury on 07/02/2006 in a slip and fall. She has reported chronic bilateral upper extremity pain and exacerbating low back pain with lower extremity symptoms (12/09/2014). Diagnoses include: medial epicondylitis; postsurgical states; sprain of wrist; sprain shoulder /arm; joint pain, shoulder; joint pain, hand; and joint pain forearm. Treatment to date includes left wrist arthroscopic surgery with debridement of a cartilage tear, a left shoulder arthroscopic surgery with acromioplasty, bursectomy and debridement of labral tear, status post left elbow lateral fasciectomy, tendon stripping, and partial epicondylectomy, treatment with a pain specialist for medications, a stimulator unit and epidural steroid injections. A progress note from the treating provider dated 12/09/2014 indicates that neck pain increases with activity and her verbal analog pain scale is rated at 8/10. She has tenderness and spasm and decreased range of motion of the lumbar spine. The provider requests an updated CT of the cervical spine due to worsening neck and upper extremity complaints with signs and symptoms of radiculopathy. On 01/30/2015 Utilization Review non-certified a request for Outpatient CT scan of the cervical spine without contrast. The Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient CT scan of the cervical spine without contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back chapter, Computed tomography (CT).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-188.

Decision rationale: While the literature is unclear, the MTUS Guidelines support the use of CT when there is a 'red flag' finding and an upper back fracture; signs of upper spine nerve problems due to a bone issue related to cancer, infection, or recent trauma; or to validate a problem with a nerve root due to the bones when there is a clear history, examination is consistent with this, and surgery is planned. The submitted and reviewed documentation indicated the worker was experiencing numbness and tingling in the left hand and pain in the neck, lower, back, and both arms. There was no discussion describing any of the above issues or detailing special circumstances that sufficiently supported the requested study. In the absence of such evidence, the current request for CT imaging of the cervical spine region without contrast in the outpatient setting is not medically necessary.