

Case Number:	CM15-0024675		
Date Assigned:	02/17/2015	Date of Injury:	06/20/2011
Decision Date:	03/30/2015	UR Denial Date:	01/27/2015
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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 44 year old female, who sustained an industrial injury on 06/20/2011. She has reported pain to the neck and right upper extremity after involvement in a motor vehicle accident where her vehicle was rear-ended. Diagnoses include chronic cervical strain/sprain with right-sided radiculopathy, facet joint hypertrophy, and cervicothoracic myofascial pain syndrome. Treatment to date has included physical therapy, chiropractic care, medication regimen, cervical computed tomography, electromyogram to the upper extremities, magnetic resonance imaging of the cervical spine, and cervical epidural steroid injection. In a progress note dated 01/08/2015 the treating provider reports radiating pain into the upper extremity with tightness and tenderness to the trapezius muscle. The documentation from 01/08/2015 noted that the injured worker had a computed tomography scan, but did not indicate the date of this computed tomography scan. On 01/27/2015 Utilization Review non-certified the requested treatment of computed tomography scan of the cervical spine, noting the California Medical Treatment Utilization Schedule, American College of Occupational and Environmental Medicine Guidelines Neck and Upper Back Complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT scan of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Neck and Upper Back (Acute & Chronic) Computed tomography (CT) American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6, p13

Decision rationale: The claimant is nearly 5 years status post work-related injury and continues to be treated for chronic neck pain. Testing has included advanced imaging of the cervical spine including a CT scan with unknown date or result. Indications for obtaining a CT scan of the cervical spine are for evaluation following trauma. In this case, there is no new injury and the claimant's condition is chronic. Guidelines recommend against repeated diagnostic testing without indication as it focuses the patient on finding an anatomic abnormality, rather than focusing on maintaining and increasing functional outcomes. Therefore, the requested CT scan was not medically necessary.