

Case Number:	CM15-0211722		
Date Assigned:	10/30/2015	Date of Injury:	09/26/2011
Decision Date:	12/16/2015	UR Denial Date:	10/26/2015
Priority:	Standard	Application Received:	10/28/2015

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: Physical Medicine & Rehabilitation

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 54 year old male, who sustained an industrial injury on 9-26-2011. The injured worker was being treated for probable pseudoarthrosis C7-T1. Treatment to date has included diagnostics, acupuncture, epidural steroid injection, cervical spinal fusion surgery 10-2014 and 3-2015, physical therapy, and medications. On 9-25-2015, the injured worker complains of right shoulder pain and numbness to the bilateral fingers, noting numbness in the fingers 4-5 years ago, and shoulder for the past 3-4 months. His pain was rated 4 out of 10 and he reported that his right arm was "not as strong as it used to be". Numbness was "constant" and made better with "nothing". He reported that physical therapy for his shoulder "did not help". Complaints of neck and right shoulder pain, right arm numbness, bilateral arm weakness, and bilateral hand numbness were noted since at least 2-20-2014, with onset 2011 (orthopedic and spinal surgery progress report). Current medication included Suboxone. Exam noted upper extremity strength 5 of 5 bilaterally, sensation intact, and deep tendon reflexes 2 of 4. X-ray of the cervical spine was performed on 9-25-2015. X-ray impression noted stable examination redemonstrating anterior and posterior fusion of the cervical spine and fracture of the transpedicular screw at T1 without abnormal motion. The treating physician noted "probable pseudoarthrosis C7T1, asymptomatic", with plan to see in 3 months, noting "screw at C7-T1 broken". The treatment plan included computerized tomography of the cervical spine without contrast, non-certified by Utilization review on 10-26-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT scan with no contrast of the cervical spine: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Computed Tomography (CT).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper back chapter, under Computed tomography.

Decision rationale: The current request is for a CT scan with no contrast of the cervical spine. Treatment to date has included diagnostics, acupuncture, epidural steroid injection, cervical spinal fusion surgery 10-2014 and March 2015, physical therapy, and medications. The patient is temporarily totally disabled. ODG guidelines, under the Neck and Upper back chapter, regarding Computed tomography (CT) states not recommended except for indications below. Patients who are alert, have never lost consciousness, are not under the influence of alcohol and/or drugs, have no distracting injuries, have no cervical tenderness, and have no neurologic findings, do not need imaging. Indications for imaging -- CT (computed tomography): 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, Known cervical spine trauma: equivocal or positive plain films with neurological deficit. The patient is status post cervical fusion on 03/09/15. Per report 09/25/15, the patient presents with neck and right shoulder pain. There is right arm numbness, bilateral arm weakness, and bilateral hand numbness. X-rays of the cervical spine was done on this date showed anterior and posterior fusion of the cervical spine and fracture of the transpedicular screw at T1 without abnormal motion. The treater noted "probable pseudoarthrosis C7T1, asymptomatic." The treater states that the screw at C7-T1 is broken, and recommended a CT scan for further evaluation. In this case, the patient continues with significant neck pain with radicular symptoms. X-rays have indicated a fracture of the transpedicular screw at T1. A CT for further investigation to help determine the treatment route is reasonable. Therefore, this request is medically necessary.