MAXIMUS Federal Services

Case Number:	CM15-0030157		
Date Assigned:	02/24/2015	Date of Injury:	10/01/2005
Decision Date:	04/08/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	02/18/2015

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 57 year old female, who sustained an industrial injury on October 1, 2005. The injured worker has reported neck and low back pain. The diagnoses have included bilateral carpal tunnel syndrome, cervical herniated nucleus pulposus, cervical radiculopathy, discogenic low back pain and status post posterior spinal arthrodesis. Treatment to date has included medications, acupuncture electrodiagnostic studies, physical therapy, multiple lumbar spine surgeries and a cervical fusion. Current documentation dated January 26, 2015 notes that the injured worker complained of neck and low back pain. Physical examination of the cervical spine revealed tenderness to palpation, a decreased range of motion and bilateral cervical radiculopathy. An electromyography study of the upper extremities revealed severe bilateral carpal tunnel syndrome. Examination of the lumbar spine revealed tenderness to palpation and a painful and decreased range of motion. On February 9, 2015 Utilization Review non-certified a request for a computed tomography scan of the cervical spine to assess fusion. The MTUS, ACOEM Guidelines, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT SCAN Cervical: 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 Official disability guidelines Neck and upper back chapter, CT Scans.

Decision rationale: This patient presents with neck pain and lower back pain. The treater has asked for CT SCAN CERVICAL on 1/26/15 "to access fusion." The patient underwent multiple spine surgeries and a neck fusion per AME dated 1/20/15. The patient underwent an anterior lumbar fusion on 6/29/10, a posterior lumbar fusion on 7/12/10, an anterior fixation of L3-4 and L4-5 on 7/16/10, and anterior cervical fusion at C5-6 on 8/7/10 per 1/20/15 AME. The cervical surgery caused her to be paralyzed, and she had to relearn how to use her arms per 1/20/15 AME. Review of the reports do not show any evidence of cervical CTs being done in the past. Regarding CT scans for the neck, ODG 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. Patients who do not fall into this category should have a three-view cervical radiographic series followed by computed tomography (CT). In determining whether or not the patient has ligamentous instability, magnetic resonance imaging (MRI) is the procedure of choice, but MRI should be reserved for patients who have clear-cut neurologic findings and those suspected of ligamentous instability. (Anderson, 2000) (ACR, 2002) See also ACR Appropriateness Criteria. MRI or CT imaging studies are valuable when potentially serious conditions are suspected like tumor, infection, and fracture, or for clarification of anatomy prior to surgery....CT scan has better validity and utility in cervical trauma for high-risk or multi-injured patients. (Haldeman, 2008) Repeat CT is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation where MRI is contraindicated). (Roberts, 2010)." In this case, the patient has had a cervical fusion with continued complaints of pain. The treater has requested a CT scan of the neck to assess the prior cervical fusion. There is no documentation, however, that a surgery is being planned. There are no X-rays showing any concerns. While the patient has pain, there is no examination findings of any neurologic concern. There is no evidence of a potentially serious condition being suspected such as a tumor, infection, and fracture to warrant a CT scan. The request for a cervical CT scan is not indicated per ODG guidelines. The request IS NOT medically necessary.