

Case Number:	CM15-0035276		
Date Assigned:	03/03/2015	Date of Injury:	07/29/2001
Decision Date:	04/08/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/25/2015

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: New Jersey

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 55-year-old female who sustained an industrial injury on 7/29/01. The injured worker reported symptoms in the back and bilateral upper extremities. The diagnoses included carpal tunnel syndrome and lumbar radiculopathy. Treatments to date include Home Health Care, oral pain medications, and activity modification. In a progress note dated 1/6/15 the treating provider reports the injured worker was with "bilateral shoulder pain, mid and lower back pain." On 1/28/15 Utilization Review non-certified the request for a computed tomography scan of the cervical spine as an outpatient. The MTUS, ACOEM Guidelines, (or ODG) was cited.

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 as an outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM-
<https://www.acoempracticeguidelines.org/cervical> and thoracic spine; table 2 summary of recommendations cervical and thoracic spine disorders.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation ODG, Neck and upper back section, CT.

Decision rationale: The MTUS ACOEM Guidelines states that for most patients presenting with true neck or upper back problems, special studies are not needed unless a three or four week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out. CT scan might be considered for any bony abnormality assessment, including following a cervical spinal fusion to confirm position, but is generally discouraged for general screening due to the risks associated with the CT scanning. The ODG states that the indications for considering CT scan of the cervical spine includes: 1. suspected cervical spine trauma, alert, cervical tenderness, paresthesias in hands or feet, 2. Suspected cervical spine trauma, unconscious, 3. Suspected cervical spine trauma, impaired sensorium (including alcohol/drugs), 4. Known cervical spine trauma: severe pain, normal plain films, no neurological deficit, 5. Known cervical spine trauma: equivocal or positive plain films, no neurological deficit, or 6. Known cervical spine trauma: equivocal or positive plain films with neurological deficit. In the case of this worker, a CT scan was ordered to help determine the pathology of her pain, which included neck pain, bilateral shoulder pain, and mid and low back pain. She did not have a recent injury suggestive of any bony fracture or other abnormality and no recent surgery which might warrant a cervical CT scan, however. Therefore, without clear evidence to support the CT scan in the documentation provided, it will be considered medically unnecessary.