

Case Number:	CM15-0037059		
Date Assigned:	03/05/2015	Date of Injury:	08/22/2009
Decision Date:	04/10/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/27/2015

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: Emergency 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 is a 45-year-old male who sustained an industrial injury on 8/22/09. The injured worker reported symptoms in the cervical spine and right upper extremity. The diagnoses included cervical disc disease, cervical radiculitis, neck pain and carpal tunnel syndrome. Treatments to date include oral pain medications, physical therapy, and status post 2 level anterior cervical discectomy fusion on 7/26/10. In a progress note dated 1/6/15 the treating provider reports the injured worker was with "moderate frequent cervical pain and right upper extremity with numbness to his 4th and 5th fingers." Current medications include diclofenac, Flexeril, Norco and Gabapentin. Objective exam reveals midline cervical well-healed scar, limited range of motion, normal motor strength, decreased sensation to C6 dermatome and positive Phalen's test. MRI of cervical spine from 3/3/10 revealed herniated disc at C5-6 and C6-7. EMG/NCV from 6/11/12 revealed bilateral carpal tunnel syndrome. Documentation for CT was patient is "unimproved" with no other rationale for CT documented.

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: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: As per ACOEM guidelines, indications for neck imaging include "red flag" findings, physiological evidence of neurological or physiological dysfunction, failure to progress in strengthening program and pre-invasive procedure. The documentation does not support any indication for imaging. Injury is chronic. There is no documentation of recent conservative care, PT has had 6 physical sessions in the past but no response or time of PT was documented. There is no documentation of worsening symptoms. The neurological exam is chronically unchanged. Reasoning for CT scan "unimproved", is not a valid reason for CT scanning without appropriate documentation. CT scan of cervical spine is not medically necessary.