

Case Number:	CM15-0046926		
Date Assigned:	03/19/2015	Date of Injury:	11/15/1998
Decision Date:	04/24/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/12/2015

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 48 year old female who sustained an industrial injury on 11/15/98. Initial complaints and diagnoses are not available. Treatments to date include 3 prior cervical surgeries, and 2 prior lumbar surgeries. Diagnostic studies include cervical and lumbar x-rays. Current complaints include back and neck pain. In a progress note dated 01/28/15 the treating provider reports the plan of care as a CT of the lumbar and cervical spine and an unspecified MRI. The requested treatment is a CT of the cervical spine without contrast.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT scan w/o contrast, 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 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official disability guidelines Neck & Upper Back Chapter, under Computed tomography (CT).

Decision rationale: The patient presents with neck, back and sciatic pain. The request is for a CT Scan Without Contrast, Cervical Spine. The RFA provided is dated 01/29/15 and the date of injury is 11/15/98. Diagnoses per the 02/18/15 report included sciatica, lumbosacral degenerative joint and disc disease, status post lumbar spine fusion 2001 and status post cervical spine fusion 2006. Physical examination to the cervical spine revealed tenderness to palpation greater occipital right and left with paraspinal spasm and 25% decreased range of motion. The patient is working fulltime. ODG, Neck & Upper Back Chapter, under 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. 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) 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." MTUS/ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12, Low Back Complaints, under Special Studies and Diagnostic and Treatment Considerations, pg 303-305 states "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." In this case, the treater is requesting for a CT and MRI of the cervical spine but has not provided a reason for the request. On the 02/18/15 report, treater states "sensory exam abnormal" but does not provide any supportive evidence. Review of medical records does not indicate any progressive neurologic deficit or significant neurologic findings to warrant a CT scan. Therefore, the request IS NOT medically necessary.