

Case Number:	CM15-0057060		
Date Assigned:	04/01/2015	Date of Injury:	04/20/1998
Decision Date:	05/22/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	03/25/2015

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: 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 56-year-old male, who sustained an industrial injury on 4/20/1998. He reported a crushing injury after a 15K pound generator fell on him. The injured worker was diagnosed as having spasm of muscle, displacement of cervical intervertebral disc without myelopathy, and other specified disorders of bursae and tendons in shoulder. Treatment to date has included medications, personal trainer, facet and epidural injections, and magnetic resonance imaging. The records indicate he reported more than 50% relief from cervical spine epidural steroid injection combined with cervical facet injection. He reports 50-60% relief with the use of Vicoprofen. The records indicate he failed at home physical therapy. On 2/25/2015, he was seen for recheck of the back, neck, and shoulders. He rates his pain as 6-8/10 on a pain scale with medications, and 10/10 without medications. The treatment plan included follow up. The request is for open computed tomography scan of the cervical spine with and without contrast.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Open Cervical Spine CT Scan with Contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Expert Panel

on Musculoskeletal Imaging. ACR Appropriateness Criteria Chronic Neck Pain [online publication]. Reston (VA): American College of Radiology (ACR); 2013. 14 p.

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 pain, rated 6-7/10. The request is for 1 OPEN CERVICAL SPINE CT SCAN WITH CONTRAST. There is no RFA provided and the date of injury is 04/20/98. The diagnoses include having spasm of muscle, displacement of cervical intervertebral disc without myelopathy, and other specified disorders of bursae and tendons in shoulder. Per 02/25/15 report, physical examination of the cervical spine revealed tenderness to palpation with spasms. Decreased range of motion, especially on extension, 5 degrees. Treatment to date has included chiropractic therapy, physical therapy, medications, facet and epidural injections, home exercise program, bilateral shoulder surgery, bilateral knee surgery, and magnetic resonance imaging. The patient is permanent and stationary. 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 requesting reports were not provided for review. There are no documentations of plain radiographs and no evidence of neurological deficits either. There is no discussion regarding a new injury or a significant change in the patient's clinical presentation to warrant a CT scan. The patient does not present with any symptoms related to potential myelopathy or other red flags and examination was unremarkable. Therefore, the request IS NOT medically necessary.

1 Open Cervical Spine CT scan without Contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Expert Panel

on Musculoskeletal Imaging. ACR Appropriateness Criteria Chronic Neck Pain [online publication]. Reston (VA): American College of Radiology (ACR); 2013. 14 p.

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 pain, rated 6-7/10. The request is for 1 OPEN CERVICAL SPINE CT SCAN WITH CONTRAST. There is no RFA provided and the date of injury is 04/20/98. The diagnoses include having spasm of muscle, displacement of cervical intervertebral disc without myelopathy, and other specified disorders of bursae and tendons in shoulder. Per 02/25/15 report, physical examination of the cervical spine revealed tenderness to palpation with spasms. Decreased range of motion, especially on extension, 5 degrees. Treatment to date has included chiropractic therapy, physical therapy, medications, facet and epidural injections, home exercise program, bilateral shoulder surgery, bilateral knee surgery, and magnetic resonance imaging. The patient is permanent and stationary. 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 requesting reports were not provided for review. There are no documentations of plain radiographs and no evidence of neurological deficits either. There is no discussion regarding a new injury or a significant change in the patient's clinical presentation to warrant a CT scan. The patient does not present with any symptoms related to potential myelopathy or other red flags and examination was unremarkable. Therefore, the request IS NOT medically necessary.