

Case Number:	CM15-0084727		
Date Assigned:	05/07/2015	Date of Injury:	04/19/2013
Decision Date:	06/08/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	05/04/2015

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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 47 year old male, who sustained an industrial injury on April 19, 2012. He reported left neck pain radiating to the left upper arm, forearm and hand, left low back pain radiating to the left buttock, left lateral posterior thigh, calf and foot. The injured worker was diagnosed as having chronic cervicalgia with left arm radicular pain secondary to cervical degenerative disc disease with radiculitis, status post cervical fusion in 2013 and chronic left low back pain with left leg radiculitis and weakness in the right foot secondary to lumbar degenerative disc disease and left paracentral disc protrusion with radiculitis. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention of the cervical spine, physical therapy, lumbar epidural injection, medications and work restrictions. Currently, the injured worker complains of continued pain in the neck with tingling and numbness of the left upper extremity and low back with weakness in the right foot causing two falls. The injured worker reported an industrial injury in 2012, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on December 8, 2014, revealed continued pain as noted. He reported improved left arm pain and neck pain following surgery however the low back pain and neck pain was still persistent. He reported improvement in lumbar pain with lumbar epidural steroid injection. Magnetic resonance imaging of the cervical spine revealed disc bulges, and protrusions. Evaluation on January 12, 2015, revealed continued pain as noted. Computed tomography (CT) of the cervical spine was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT (computed tomography) scan, Cervical Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck & Upper Back (Acute & Chronic) - CT scans (computed tomography).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, CT imaging of neck.

Decision rationale: The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. The ODG cite the following regarding CT imaging of the cervical spine: 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. MRI is the test of choice for patients who have had prior back surgery. (Bigos, 1999) (Colorado, 2001) For the evaluation of the patient with chronic neck pain, plain radiographs (3-view: anteroposterior, lateral, open mouth) should be the initial study performed. Patients with normal radiographs and neurologic signs or symptoms should undergo magnetic resonance imaging. If there is a contraindication to the magnetic resonance examination such as a cardiac pacemaker or severe claustrophobia, computed tomography myelography, preferably using spiral technology and multiplanar reconstruction is recommended. (Daffner, 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. The status of plain films, and progressive neurologic deficit are not established. Therefore, the need for this advanced imaging test is not at present established. The request is not medically necessary.