MAXIMUS Federal Services

Case Number:	CM14-0148364		
Date Assigned:	09/18/2014	Date of Injury:	01/23/2012
Decision Date:	10/17/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/12/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 60-year-old male with an original date of injury of 1/23/2012. The patient struck his head and subsequently underwent anterior cervical fusion of the C4-7 levels on 4/4/12. The patient has documentation of cervical stenosis and radiculopathy. He has had electrodiagnostic confirmation of cervical radiculopathy. In terms of prior imaging, the patient had CT of the neck on 12/27/2012 which showed solid fusion and spinal stenosis. More recent imaging in the form of cervical spine plain films showed solid fusion and no hardware loosening. A utilization review determination had denied the request for an updated CT neck because there was no documentation of significant change in pathology.

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.

Decision rationale: ACOEM Chapter 8 entitled "Neck and Upper Back Complaints" specifies on pages 177-182 the following: "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. Criteria for ordering imaging studies are: Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study." In terms of prior imaging, the patient had CT of the neck on 12/27/2012 which showed solid fusion and spinal stenosis. More recent imaging in the form of cervical spine plain films showed solid fusion and no hardware loosening. This was done on 8/13/2014. There is documentation in progress notes from 8/27/14 and 7/18/14 that the patient has neck pain with radiation into the bilateral upper extremities. There is numbness in both arms. However, there is no documentation of significant change or any re-injury or perceived change in pathology that would warrant re-imaging at this time. This request is not medically necessary.