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| Case Number: | CM14-0153223 | | |
| Date Assigned: | 09/23/2014 | Date of Injury: | 02/14/2000 |
| Decision Date: | 10/24/2014 | UR Denial Date: | 08/28/2014 |
| Priority: | Standard | Application Received: | 09/19/2014 |

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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Tennessee. 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:

This is a 60-year-old female with a 7/16/03 date of injury. A specific mechanism of injury was not described. The most recent report provided for review is dated 7/8/13. The UR decision dated 8/28/14 refers to an 8/25/14 follow-up report, however this report was not provided for review. According to this report, the patient complained of severe neck pain and crepitus with active range of motion, as well as upper extremity symptoms. A very cursory and limited examination is documented and is limited to range of motion and palpation. Treatment to date: medication management, activity modification, status post ACDF. A UR decision dated 8/28/14 denied the request for Cervical CT scan. The need for either study is not demonstrated, as preliminary x-rays and a detailed evaluation for cervical radiculopathy and clinical status changes should be completed and reviewed and documented prior to demonstrating the medical necessity for either requested study.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical CT (Computed Tomography) scan: 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): 179-180, Chronic Pain Treatment Guidelines 1 Neck and Upper Back

Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter

Decision rationale: CA MTUS supports imaging studies with red flag conditions; 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 and definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. ODG states that cervical CT scans are indicated with suspected or known cervical spine trauma, after obtaining plain films. 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. However, there were no electrodiagnostic studies, laboratory tests, or bone scans provided for review. The report dated 8/25/14 did not document any evidence of neurological deficits or cervical spine trauma. In addition, there were no current reports provided for review, the most recent being a report dated 7/8/13. Therefore, the request for Cervical CT (Computed Tomography) scan was not medically necessary.