

Case Number:	CM14-0161116		
Date Assigned:	10/06/2014	Date of Injury:	09/10/2009
Decision Date:	11/06/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	10/01/2014

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 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 50-year-old male who reported an injury on 09/10/2009. The mechanism of injury was not noted in the records. The injured worker's diagnoses included degenerative disc disease of the cervical spine and cervical spine disc protrusion. The injured worker's past treatments included pain medication and physical therapy. There were no official diagnostic imaging studies submitted for review. There was no surgical history documented in the notes. The subjective complaints on 09/03/2014 included headache and neck pain. The physical examination noted tenderness to palpation to the cervical spine and decreased range of motion. It should be noted that the clinical note is handwritten and very difficult to decipher. The injured worker's medications were not documented in the clinical note. The treatment plan is to get a CT of the cervical spine. A request was received for a CT scan of the cervical spine. The rationale for the request was not provided. The Request for Authorization form was not provided within the records.

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 Page(s): 177-179.

Decision rationale: The request for a CT Scan of the Cervical Spine is not medically necessary. The California American College of Occupational and Environmental Medicine (ACOEM) guidelines state that special studies are not needed unless a 3 to 4 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 as follows: emergence of a red flag, physiologic evidence of tissue insult or neurological dysfunction, failure to progress in a strengthening program intended to avoid surgery, or clarification of the anatomy prior to an invasive procedure. The injured worker has chronic neck pain. The physical examination did note that there was tenderness to palpation and a decreased range of motion to the cervical spine. However, there were no significant red flags or significant pathology to warrant a CT scan. In the absence of red flags, acute pathology, or a significant change in the condition, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.