

Case Number:	CM14-0163484		
Date Assigned:	10/08/2014	Date of Injury:	10/11/2011
Decision Date:	11/04/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/06/2014

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 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:

According to the records made available for review, this is a 46-year-old female with a 10/11/11 date of injury, and C4-5 and C5-6 cervical fusion on 1/10/12. At the time (9/15/14) of request for authorization for 1CT Scan of the Cervical Spine without contrast, there is documentation of subjective (neck pain radiating to the shoulders with numbness and tingling in the left arm) and objective (limited cervical spine range of motion) findings, imaging findings (reported CT cervical spine (11/4/13) revealed status post fusion at C4-5 and C5-6 with further consolidation of central bony plugs with persistent surrounding circumferential lucencies around the bony plugs where there is metallic disc marker at both disc spaces; report not available for review), current diagnoses (chronic pain syndrome, cervical degenerative disc disease, and s/p C4-5 and C5-6 cervical fusion), and treatment to date (physical therapy and medications). There is no documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated.

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 without contrast: 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): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back, Computed tomography (CT)

Decision rationale: MTUS reference to ACOEM Guidelines identifies documentation of emergence of red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, or clarification of the anatomy prior to an invasive procedure, as criteria necessary to support the medical necessity of imaging studies. ODG identifies documentation of suspected spine trauma (alert, cervical tenderness, paresthesias in hands or feet; unconscious; or impaired sensorium (including alcohol and/or drugs)) and known spine trauma (severe pain, normal plain films, no neurological deficit; equivocal or positive plain films, no neurological deficit; or equivocal or positive plain films with neurological deficit), as criteria necessary to support the medical necessity of CT of the cervical spine. In addition, ODG identifies documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated (such as: To diagnose a suspected fracture or suspected dislocation, to monitor a therapy or treatment which is known to result in a change in imaging findings and imaging of these changes are necessary to determine the efficacy of the therapy or treatment (repeat imaging is not appropriate solely to determine the efficacy of physical therapy or chiropractic treatment), to follow up a surgical procedure, to diagnose a change in the patient's condition marked by new or altered physical findings) as criteria necessary to support the medical necessity of a repeat study. Within the medical information available for review, there is documentation of diagnoses of chronic pain syndrome, cervical degenerative disc disease, and s/p C4-5 and C5-6 cervical fusion. However, there is no documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated (To diagnose a suspected fracture or suspected dislocation, to monitor a therapy or treatment which is known to result in a change in imaging findings and imaging of these changes are necessary to determine the efficacy of the therapy or treatment (repeat imaging is not appropriate solely to determine the efficacy of physical therapy or chiropractic treatment), to follow up a surgical procedure, to diagnose a change in the patient's condition marked by new or altered physical findings). Therefore, based on guidelines and a review of the evidence, the request for CT Scan of the Cervical Spine without contrast is not medically necessary.