

Case Number:	CM14-0093373		
Date Assigned:	07/25/2014	Date of Injury:	01/05/2005
Decision Date:	10/14/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	06/19/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 57-year-old female was reportedly injured on January 5, 2005. The most recent progress note, dated May 3, 2014, indicated that there were ongoing complaints of neck pain. The physical examination was not reported. Diagnostic imaging studies objectified degenerative changes. Previous treatment included cervical fusion, lumbar fusion, multiple medications and pain management interventions. A request had been made for CT scan and was not certified in the pre-authorization process on June 9, 2014.

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 Page(s): 177-179.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Neck chapter, updated August 2014

Decision rationale: MTUS/ACOEM guidelines do not address cervical spine CT scans. ODG supports the use of a CT for certain conditions, to include tumor, infection and fracture, or for clarification of anatomy prior to surgery. The claimant had a CT scan of the cervical spine.

Repeat CT is not routinely recommended and reserved for significant change in symptoms and/or findings suggestive of significant. Review of the available medical records fails to document the required guideline criteria to repeat a CT scan of the cervical spine. As such, this request is not considered medically necessary.