

Case Number:	CM14-0140010		
Date Assigned:	09/08/2014	Date of Injury:	05/25/2011
Decision Date:	02/03/2015	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	08/28/2014

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 Rehab 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:

This patient sustained an injury on 5/25/11 while employed by [REDACTED]. Request(s) under consideration include CT Scan Cervical Spine. Diagnoses include cervical musculoligamentous sprain/strain rule out discogenic disease. Conservative care has included medications, therapy, and modified activities/rest. Report of 7/8/14 from the provider noted chronic ongoing neck pain. Exam showed unchanged findings of guarding, tenderness of paracervical muscles with spasm; tenderness at trapezius and spinal process C2-7; limited range of cervical flexion/extension/ lateral flex on right/left of 35/40/20/5 degrees; positive shoulder depression; motor strength 5/5 in upper extremities; intact sensation. Medications list Vicodin. X-rays of cervical spine was done in office. Prior diagnoses also included lumbosacral musculoligamentous sprain/strain with radiculitis rule out discogenic disease. The request(s) for CT Scan Cervical Spine was non-certified on 8/18/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT Scan Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation ODG Neck & Upper Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 171-171, 177-179.

Decision rationale: This patient sustained an injury on 5/25/11 while employed by [REDACTED] [REDACTED] Request(s) under consideration include CT Scan Cervical Spine. Diagnoses include cervical musculoligamentous sprain/strain rule out discogenic disease. Conservative care has included medications, therapy, and modified activities/rest. Report of 7/8/14 from the provider noted chronic ongoing neck pain. Exam showed unchanged findings of guarding, tenderness of paracervical muscles with spasm; tenderness at trapezius and spinal process C2-7; limited range of cervical flexion/extension/ lateral flex on right/left of 35/40/20/5 degrees; positive shoulder depression; motor strength 5/5 in upper extremities; intact sensation. Medications list Vicodin. X-rays of cervical spine was done in office. Prior diagnoses also included lumbosacral musculoligamentous sprain/strain with radiculitis rule out discogenic disease. The request(s) for CT Scan Cervical Spine was non-certified on 8/18/14. Per ACOEM Treatment Guidelines, criteria for ordering imaging studies such as the requested CT scan of the cervical spine include 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, none identified. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports have not adequately demonstrated the indication for the CT scan of the Cervical spine nor document any specific clinical findings to support this imaging study. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The CT Scan Cervical Spine is not medically necessary and appropriate.