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| <b>Case Number:</b>   | CM14-0053727 |                              |            |
| <b>Date Assigned:</b> | 07/07/2014   | <b>Date of Injury:</b>       | 09/20/2011 |
| <b>Decision Date:</b> | 02/03/2015   | <b>UR Denial Date:</b>       | 04/18/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/22/2014 |

### 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, has a subspecialty in Pain Medicine 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 is a patient with a date of injury of September 20, 2011. A utilization review determination dated April 18, 2014 recommends noncertification of a cervical SPECT CT scan and psychiatric consultation. Noncertification is recommended due to lack of documentation of nondiagnostic cervical x-ray or progressive neurologic deficits as well as no history of brain injury or central nervous system insult to support the need for SPECT imaging. Noncertification for psychiatric consultation was recommended due to lack of documentation regarding the need for psychiatric consult. A letter dated January 12, 2015 states that a subsequent request for CT scan was issued a certification letter on December 31, 2014. A CT scan was performed on June 17, 2014 and provided for review. No other medical documents have been provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One Cervical spec CT scan:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Neck and Upper Back Complaints. Page(s): 176-177. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck Chapter, Computed tomography (CT).

**Decision rationale:** Regarding the request for cervical SPECT CT, guidelines support the use of imaging for emergence of a red flag, physiologic evidence of tissue insult or neurologic deficit, failure to progress in a strengthening program intended to avoid surgery, and for clarification of the anatomy prior to an invasive procedure. Guidelines also recommend CT for patients with known or suspected spine trauma with normal plain radiographs. Within the documentation available for review, there is no indication of any red flag diagnoses or physiologic evidence of tissue insult or neurologic dysfunction. Additionally, there is no documentation of cervical spine trauma or non-diagnostic plain film radiographs. In the absence of clarity regarding those issues, the currently requested cervical SPECT CT is not medically necessary.

**One Psychiatric Consultation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, page127

**Decision rationale:** Regarding the request for consultation, California MTUS does not address this issue. ACOEM supports consultation if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Within the documentation available for review, the requesting physician has not identified any uncertain or extremely complex diagnoses or any concurrent psychosocial factors. Additionally, there is no documentation that the physician has tried to address these issues prior to considering a referral. In the absence of such documentation, the currently requested consultation is not medically necessary.