

Case Number:	CM15-0010651		
Date Assigned:	01/28/2015	Date of Injury:	01/31/2008
Decision Date:	03/30/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/20/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 72-year-old male who reported injury on 01/31/2008. The mechanism of injury was the injured worker hit his head. The surgical history included a cervical fusion and an ACL repair. The injured worker's diagnoses included spinal stenosis of the cervical region and the medications included tramadol. The injured worker underwent physical therapy for his knee. The injured worker underwent a left total knee arthroplasty. The most recent documentation was dated 12/04/2014 and was related to the left knee. There was no documentation submitted for review in relation to the cervical spine. There was no Request for Authorization or rationale for the requested CT of the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT of the cervical spine: Upheld

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

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

Decision rationale: The American College of Occupational and Environmental Medicine indicate that for injured workers with true neck or upper back problems, special studies are not needed unless there has been a 3 to 4 week period of conservative care and observation that failed to improve symptoms. The clinical documentation submitted for review failed to indicate the injured worker had conservative care and there was a lack of documentation of red flag indications to support a necessity for a CT of the cervical spine. Given the above, the request for CT of the cervical spine is not medically necessary.