

Case Number:	CM15-0011570		
Date Assigned:	01/29/2015	Date of Injury:	09/08/2010
Decision Date:	03/24/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/21/2015

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

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 (IW) is a 49 year old male, who sustained an industrial injury on September 8, 2010. He has reported neck pain, right shoulder pain and low back pain and was diagnosed with status post lumbar and cervical surgical procedure and cervical disc herniation with central stenosis. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention, work restrictions, pain medication and treatment modalities. Currently, the IW complains of neck pain, right shoulder pain and low back pain. The injured worker reported an industrial injury in 2010, resulting in the above described pain. He underwent failed conservative therapies and required surgical interventions. On December 5, 2014, evaluation revealed difficulty walking and changing positions. There was noted pain and muscle spasm present. Pain medications were renewed. A urinary drug screen was ordered to test medication compliancy. On December 15, 2014, Utilization Review non-certified a request for a computed tomography scan (CT) of the cervical spine without contrast, noting the MTUS, ACOEM Guidelines, (or ODG) was cited.) On January 13, 2015, the injured worker submitted an application for IMR for review of requested CT scan of the cervical spine without contrast.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT scan without contrast (cervical spine): 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 Neck & Upper Back Chapter, Computed tomography/CT

Decision rationale: Per the 11/03/14 report the patient presents following a fall two weeks previously causing left arm pain. Cervical spine examination shows decreased range of motion with difficulty raising the shoulder above the head due to pain. The treater cites xrays cervical that show instrumented C6-7 fusion. The patient's diagnose include: s/p ACDF C6-7 12/13/12 and s/p ACDF C4-5 and C5-6 10/04/11. The current request is for CT Scan Without Contrast/Cervical Spine. The RFA is not included. The reports do not state if the patient is currently working. ODG, Neck & Upper Back Chapter, Computed tomography/CT--, states, "Not recommended except for indications below. Patients who are alert, have never lost consciousness, are not under the influence of alcohol and/or drugs, have no distracting injuries, have no cervical tenderness, and have no neurologic findings, do not need imaging." Criteria for suspected cervical spine trauma: alert, cervical tenderness, paresthesias in hands or feet; Unconscious; impaired sensorium-including alcohol or drugs. The 11/03/14 report states the patient's history of cervical myelopathy appears to have been exacerbated following his recent fall. The report further states, a CT scan is requested to evaluate fusion along with an updated MRI to evaluate for any new pathology. Objective examination in reports provided from 11/03/14 to 01/29/15 include painful range of motion of the neck with evidence of muscle spasm at the cervical spine along with 4/5 weakness in the left leg. In this case, there are neurologic findings on examination; however criteria for suspected cervical trauma require cervical tenderness or paresthesias in the hands or feet which is not documented in recent reports. There is no documentation of unconsciousness or impaired sensorium. The request IS NOT medically necessary.