

Case Number:	CM15-0111870		
Date Assigned:	06/18/2015	Date of Injury:	07/31/2014
Decision Date:	07/16/2015	UR Denial Date:	05/30/2015
Priority:	Standard	Application Received:	06/10/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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(n) 86 year old female, who sustained an industrial injury on 7/31/14. She reported pain in her neck and back related to a trip and fall accident. The injured worker was diagnosed as having cervical radiculitis. Treatment to date has included physical therapy, cervical trigger point injections and a home exercise program. On 1/14/15, the treating physician noted diminished cervical range of motion, a positive Spurling maneuver bilaterally and some paresthesias bilaterally. The treating physician also noted that the injured worker has a pacemaker. As of the PR2 dated 3/9/15, the injured worker reports 9/10 pain in her neck with radiation to the arms and pain in the back. The treating physician requested a repeat CT scan of the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat CT scan of Cervical spine: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Neck and

Upper Back (Acute & Chronic): Magnetic resonance imaging (MRI) (2) Low Back-Lumbar & Thoracic (Acute & Chronic), SPECT (single photon emission computed tomography).

Decision rationale: The claimant sustained a work injury in July 2014 and continues to be treated for neck pain with upper extremity symptoms. When seen, she was having radiating neck pain with numbness into the right first and second fingers. Physical examination findings included decreased spinal range of motion with paraspinal muscle tenderness and trigger points. Spurling's testing was positive bilaterally. A SPECT CT scan of the cervical spine was requested with the claimant unable to undergo an MRI scan due to a pacemaker. A SPECT CT scan is not recommended for general use in back pain. This test is under study as screening criteria for facet joint injections or suspected inflammatory arthropathies not diagnosed by tests that are more common. In this case, there is no indication for obtaining a SPECT CT scan. Plain film imaging and lab test results are not documented. If intended as a substitute test for an MRI scan, there are no neurological findings that support the need for advanced imaging. The request was not medically necessary.