

Case Number:	CM15-0149797		
Date Assigned:	08/12/2015	Date of Injury:	09/14/2012
Decision Date:	10/14/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/31/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 injured worker is a 49-year-old male who reported an industrial injury on 9-14-2012. His diagnoses, and or impression, were noted to include: status-post cervical fusion; cervicgia; degeneration of cervical inter-vertebral disc. Recent computed tomography studies of the cervical spine were noted on 1-14-2015, noting some abnormal findings. His treatments were noted to include: cervical spine fusion with physical therapy; a home exercise program; and rest from work. The progress notes of 7-2-2015 reported complaints, which included continued discomfort and pain in the neck limiting his activities of daily living and resulting in his inability to return to work. Objective findings were noted to include no acute distress, painful and limited cervical spine range-of-motion, and the fact that he had not been improving despite conservative management. The physician's requests for treatments were noted to include injection, a repeat computed tomography scan of the cervical spine for suspected significant malunion and overgrowth of bone of the vertebral bodies, causing cord compression, and for better understanding of what is causing persistent issues.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat Cervical CT (computed tomography) scan: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Magnetic resonance imaging (MRI).

Decision rationale: The injured worker sustained a work related injury on 9-14-2012. He has been diagnosed of status-post cervical fusion; cervicalgia; degeneration of cervical inter-vertebral disc. His treatments include: cervical spine fusion with physical therapy; a home exercise program; and rest from work. The medical records provided for review do not indicate a medical necessity for Repeat Cervical CT (computed tomography) scan. The medical records do not indicate the injured worker has developed progressive neurological dysfunction from 01/2015 when the injured worker had the most recent Cervical CT scan. Neither the MTUS nor the Official Disability Guidelines has any recommendation for repeat CT scan. Nevertheless, the Official Disability Guidelines recommends a series of three X-rays followed by CT scan for injuries involving the neck, and MRI for suspected ligaments injuries of the neck. The Official Disability Guidelines does not recommend repeat MRI except for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation. Additionally, the MTUS does not recommend imaging except for 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, NOT medically necessary.