

Case Number:	CM15-0178348		
Date Assigned:	09/18/2015	Date of Injury:	02/06/2012
Decision Date:	10/22/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/10/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 55 year old male, who sustained an industrial injury on February 6, 2012. The injured worker was being treated for cervical pseudo arthrosis at C5-6 (cervical 5-6). Medical records (March 30, 2015 to August 12, 2015) indicate ongoing neck pain radiating down the left arm. Records also indicate the injured worker feels his symptoms are deteriorating. The physical exam (March 30, 2015 to August 12, 2015) reveals limited cervical range of motion, tenderness to palpation of the posterior cervical spine at C5-6, impingement with rotation and extension to both sides creating pain in the trapezial musculature, motor strength of 5 out of 5 in the upper extremities, and no sensory deficits. Per the treating physician (March 30, 2015 report), x-rays of the lumbar spine revealed evidence of incomplete arthrodesis at C5-6 (cervical 5-6) and C6-7 (cervical 6-7). Per the treating physician (August 12, 2015 report), a CT scan of the cervical spine was performed on February 28, 2015 that revealed lucency of any eradicated C6-7 and to a lesser degree of C5-6, which did not appear to be a solid fusion at these levels. In addition, the treating physician noted an electromyography study revealed bilateral carpal tunnel syndrome without cervical radiculopathy. Surgeries to date include C5-6 and C6-7 decompression and fusion. Treatment has included acupuncture, work modifications, and medications including oral pain (Norco), anti-epilepsy (Gabapentin), topical pain (Cycloketa cream), muscle relaxant (Robaxin), and non-steroidal anti-inflammatory (Ibuprofen). Per the treating physician (August 12, 2015 report), the injured worker has not returned to work. The requested treatments included bone scan of the cervical spine and SPECT (single photon emission computed tomography) CT of the cervical spine. On August 25, 2015, the original

utilization review non-certified requests for a bone scan of the cervical spine and SPECT (single photon emission computed tomography) 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:

Bone scan of the cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter, Bone scan.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) cervical spine, bone scan.

Decision rationale: The ACOEM and the California MTUS does not address the requested service. The ODG states that bone scans are only indicated in the evaluation of metastatic bone disease for the cervical spine. The patient has no indication or physical findings suggestive of this diagnosis. Therefore the request is not medically necessary.

SPECT CT of the cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter, Computed tomography (CT).

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

Decision rationale: The ACOEM chapter on neck and upper back complaints and special diagnostic studies states: Criteria for ordering imaging studies are: 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. The provided progress notes fails to show any documentation of indications for imaging studies of the neck as outlined above per the ACOEM. There was no emergence of red flag. The neck pain was characterized as unchanged. The physical exam noted no evidence of new tissue insult or neurologic dysfunction. There is no planned invasive procedure. Therefore criteria have not been met for imaging of the cervical spine and the request is not medically necessary.