

Case Number:	CM15-0071848		
Date Assigned:	04/22/2015	Date of Injury:	04/25/2012
Decision Date:	06/11/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/15/2015

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: New York, Tennessee
 Certification(s)/Specialty: Emergency 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:

The injured worker is a 75 year old female, who sustained an industrial injury on 4/25/2012. Diagnoses include cervical radiculopathy, cervical disc disease, spondylolisthesis acquired, and pain in joint, shoulder region. Treatment to date has included surgical intervention (anterior cervical discectomy and fusion C4-7 on 2/12/2015), diagnostic testing including magnetic resonance imaging (MRI) and electrodiagnostic testing, medications, cervical collar, icing and physical therapy. Per the Primary Treating Physician's Progress Report dated 2/23/2015 the injured worker reported persistent postoperative pain in the left shoulder and right shoulder. Physical examination revealed severe right shoulder pain with extreme ranges of motion, lifting, lifting arm overhead, overhead activities and placing hand at small of back. The plan of care included physical therapy and diagnostics. Authorization was requested for computed tomography (CT) scan without contrast 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 scan of the cervical spine without contrast: 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 Official Disability Guidelines: Neck and Upper Back, Computed tomography (CT).

Decision rationale: Computed tomography (CT) of the cervical spine is not recommended except as follows: Suspected cervical spine trauma, alert, cervical tenderness, paresthesias in hands or feet; Suspected cervical spine trauma, unconscious; Suspected cervical spine trauma, impaired sensorium (including alcohol and/or drugs); Known cervical spine trauma: severe pain, normal plain films, no neurological deficit; Known cervical spine trauma: equivocal or positive plain films, no neurological deficit; Known cervical spine trauma: equivocal or positive plain films with neurological deficit. In this case the patient had cervical spine surgery on February 2015. There is no documentation of acute spinal trauma or progressive neurologic deficits. There is no medical indication for CT of the cervical spine. The request is not medically necessary.