

Case Number:	CM15-0078128		
Date Assigned:	04/29/2015	Date of Injury:	07/25/2003
Decision Date:	05/28/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	04/23/2015

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: 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:

The injured worker is a 57 year old female, who sustained an industrial injury on July 25, 2003. She reported that while in flight, her 50 pound roller bag fell from the overhead compartment, causing injury to her neck, left major shoulder, upper back, and left wrist and hand. The injured worker was diagnosed as having cervical degenerative disc disease. Treatment to date has included stellate ganglion/sympathetic block, MRI, physical therapy, left carpal tunnel release, transposition of the left ulnar nerve, left hand surgeries, left elbow surgery, x-rays, shoulder surgeries, and medication. Currently, the injured worker complains of right arm pain, neck pain, and left arm pain, with bilateral upper extremity weakness, and loss of bowel and bladder control. The Treating Physician's report dated March 23, 2015, noted the injured worker's prescribed medications included Flexeril, Ambien, Lyrica, Celebrex, and Aspirin. The Treatment plan was noted to include recommendations for an electromyography (EMG)/nerve conduction study (NCS) of both upper extremities and a cervical myelogram and contrast CAT scan.

IMR ISSUES, DECISIONS AND RATIONALES

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

3D Computed Tomography (CT) scan of the cervical/spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Neck and Upper Back Procedure Summary, Computed Tomography (CT).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Chapter/Computed Tomography (CT) Section.

Decision rationale: Per the MTUS Guidelines, if physiologic evidence indicates tissue insult or nerve impairment, advanced imaging such as MRI or CT may be necessary. Other criteria for special studies include emergence of a red flag, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. Per the ODG, CT of the cervical spine is 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. Patients who do not fall into this category should have a three-view cervical radiographic series followed by computed tomography (CT). In determining whether or not the patient has ligamentous instability, magnetic resonance imaging (MRI) is the procedure of choice, but MRI should be reserved for patients who have clear-cut neurologic findings and those suspected of ligamentous instability. MRI or CT imaging studies are valuable when potentially serious conditions are suspected like tumor, infection, and fracture, or for clarification of anatomy prior to surgery. MRI is the test of choice for patients who have had prior back surgery. For the evaluation of the patient with chronic neck pain, plain radiographs (3-view: anteroposterior, lateral, open mouth) should be the initial study performed. Patients with normal radiographs and neurologic signs or symptoms should undergo magnetic resonance imaging. If there is a contraindication to the magnetic resonance examination such as a cardiac pacemaker or severe claustrophobia, computed tomography myelography, preferably using spiral technology and multiplanar reconstruction is recommended. This injured worker received an MRI on 9/5/14 which revealed significant abnormalities. The injured worker has been approved for an EMG/NCV test of the upper extremities. Since the injured worker has already had a recent MRI and is to have EMG/NCV testing of the upper extremities, additional imaging with CT scan is not considered necessary at this time. The request for 3D Computed Tomography (CT) scan of the cervical/spine is not medically necessary.