

Case Number:	CM15-0091425		
Date Assigned:	05/15/2015	Date of Injury:	02/26/2013
Decision Date:	06/19/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/12/2015

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:

This 53-year-old female sustained an industrial injury to the neck on 2/26/13. Computed tomography cervical spine (10/23/13) showed disc bulge at C4-5 and C3-4 as well as moderate foraminal stenosis at C4-5. Previous treatment included cervical fusion, epidural steroid injections, physical therapy, acupuncture, cognitive behavioral therapy and medications. In a pain management consultation dated 4/14/15, the injured worker complained of ongoing right sided neck pain associated with cervicogenic headaches rated 7/10 on the visual analog scale. The injured worker reported that cervical spine epidural steroid injections (9/29/14) provided complete resolution of right sided radicular symptoms with 70% pain relief; however, the injured worker's symptoms had returned at the time of exam. X-rays of the cervical spine (2/2/15) showed anterior fusion at C5-6 and C6-7 with no fracture or loosening. Computed tomography cervical spine (2/2/15) showed disc protrusions at C4-5 and C3-4 with facet arthropathy without loosening or displacement of the prosthesis. Recent electromyography was negative. Current diagnoses included status post cervical fusion with residuals, adjacent cervical spine spondylosis with hypertrophic facet changes and stenosis, left shoulder internal derangement, chronic cervicogenic headaches, history of atrial fibrillation, right shoulder sprain/strain, medication induced gastritis, depression and anxiety. The treatment plan included facet median branch block at C3-5 followed by six sessions of physical therapy, a cervical spine computed tomography to evaluate the hardware and possible progression of C4-5 stenosis as recommended by a neurosurgeon, an evaluation by an orthopedic spine surgeon, continuing cognitive

behavioral therapy, continuing medications (Anaprox DS, Prilosec, Prozac, Ultracet, Voltaren cream and Xanax) and a prescription for Flexeril.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers' Compensation, Neck and Upper Back Chapter, Computerized Tomography.

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

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 a CT of the neck and the request is not medically necessary.