

Case Number:	CM15-0096713		
Date Assigned:	05/27/2015	Date of Injury:	07/02/2014
Decision Date:	06/25/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	05/19/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 25 year old male who sustained an industrial injury on 7/2/14. The injured worker was diagnosed as having cervical spine pain and cervical spine degenerative disc disease. Currently, the injured worker was with complaints of numbness in the cervical spine. Previous treatments included status post anterior cervical decompression and fusion, physical therapy and medication management. Previous diagnostic studies included radiographic studies and a magnetic resonance imaging. The plan of care was for diagnostic studies.

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: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck section, Computed tomography.

Decision rationale: Pursuant to the Official Disability Guidelines, computed tomography to the cervical spine is not recommended. Patients were alert, have never lost consciousness, are not under the influence of alcohol and/or drugs, have no distracting injuries, have no cervical tenderness, have no neurologic findings do not need imaging. These patients should have a three view cervical radiographic series followed by computed tomography in determining whether or not the injured worker as ligamentous instability and MRI is the procedure of choice. Indications for CT imaging include suspected cervical spine trauma, alert, cervical tenderness, paresthesias in the hands or feet; unconscious; impaired sensorium; known cervical spine trauma with severe pain, normal plain x-rays, no neurologic deficit, equivocal or positive x-rays, equivocal or positive x-rays with neurologic deficit. In this case, the injured worker's working diagnoses are cervical spine pain; and cervical spine degenerative disc disease. According to a progress note dated April 30, 2015, the injured worker presented to get help with authorization for physical therapy. Injured worker has upper extremity numbness and neck pain. The past surgical history indicates no prior surgery. There is no physical examination on April 30, 2015 progress note. The treating provider states "examination unchanged". There are no neurologic findings. There is no evidence of radiculopathy present. There is no evidence of cervical tenderness present. There is no indication of cervical spine trauma, tenderness, and change in mental status, recent plain x-rays and no neurologic deficits. Consequently, absent contemporaneous clinical documentation with a request for authorization dated May 4, 2015 and no objective clinical findings, computed tomography of the cervical spine is not medically necessary.

Bone Spect 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 & Upper Back, 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) Neck section, Bone scan.

Decision rationale: Pursuant to the Official Disability Guidelines, bone SPECT scan cervical spine is not medically necessary. Both scans are not recommended except for bone infection, cancer or arthritis. Bone scans use intravenous administration of tracer medications to show radioactive uptake to detect metastases, infection, inflammatory arthropathies, significant fracture or other significant bone trauma. In this case, the injured worker's working diagnoses are cervical spine pain; and cervical spine degenerative disc disease. There is no clinical indication or rationale in the medical record for a bone SPECT scan. The injured worker complains of upper extremity numbness and neck pain. The utilization review states the injured worker had prior cervical fusion. The past surgical history, however, indicates no prior surgeries. There is no contemporaneous physical examination in the medical record commensurate with the May 4, 2015 request for authorization. Additionally, bone scans are indicated to detect metastases, infection, inflammatory arthropathies, significant fracture or other significant bone trauma. There is no documentation indicating metastases, infection, inflammatory arthropathies, significant fracture or other significant bone trauma. Consequently, absent clinical documentation with a

clinical indication and rationale for a bone SPECT scan, bone SPECT scan cervical spine is not medically necessary.