

Case Number:	CM13-0053960		
Date Assigned:	12/30/2013	Date of Injury:	11/21/2007
Decision Date:	09/25/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/13/2013

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 request was for a repeat cervical computed tomography (CT) scan and Lidoderm patch. The application was signed on November 13, 2013. Per the records provided, the claimant was described as a 44-year-old female injured on November 21, 2007. There were injuries to the low back, the right shoulder and the upper arm. She was injured working as a housekeeper pulling a bed. Following a course of conservative care, she went on to surgery. She is status post a C5-C6 anterior cervical discectomy and fusion that was performed on January 22, 2011. She had undergone a right carpal tunnel release procedure in 2009, a right shoulder arthroscopy in April 2013 and a left carpal tunnel release in July 2013. As of October 28, 2013, she had continued pain about the neck. The last imaging was from 2009 before the claimant had surgery and she has continued complaints of shoulder pain and left wrist pain. Objectively, there was noted to be no change with no formal documentation of physical examination findings or changes in such. She was given the diagnosis of status post anterior fusion with residuals. Recommendations were to continue the physical therapy to the claimant's right shoulder, have a CT scan of the neck and to prescribe Lidoderm patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat Cervical CT Scan: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The MTUS was silent in regards to cervical CT imaging. The ODG cite the following regarding CT imaging of the cervical spine: "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 CT." It is not clear that the patient meets these traumatic criteria. There are no neurologic findings, or worsening findings to drive the need for imaging. Moreover, there was no three-view cervical radiographic series noted. A CT scan is generally superior to MRI for bony pathology, and there is no explanation for an elevated index of suspicion for that kind of pathology. The request is appropriately not medically necessary.