

Case Number:	CM14-0156120		
Date Assigned:	09/25/2014	Date of Injury:	08/01/2002
Decision Date:	11/05/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/23/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 58-year-old male with a reported injury on 08/01/2002. The injury reportedly occurred when plastic storage boxes fell on him. The injured worker's diagnoses included right shoulder rotator cuff tear, neck pain status post cervical fusion, and history of prior right shoulder labral tear. The injured worker's previous treatments included medications. The injured worker's previous diagnostic testing was not provided. The injured worker's surgical history included a left shoulder arthroscopy on 09/29/2010 and a cervical fusion from C4 to C6 in 2003. The injured worker was evaluated on 08/06/2014 for complaints of right shoulder pain rated 4/10 with the use of Norco. The injured worker also reported right arm weakness. He continued to complain of dizziness episodes, particularly when turning his head on either side as well as changing position from lying down to sitting up. The injured worker reported that these conditions began with the original injury to the neck. The clinician observed and reported that the injured worker was not in acute distress and was asymptomatic. Cervical spine range of motion was measured as 30 degrees of flexion and 20 degrees of extension. The right upper extremity laterally abducted to 145 degrees. The left upper extremity laterally abducted to 120 degrees. The request was for CT cervical spine. The rationale for a request was for the evaluation of a cervical condition. The request for authorization was submitted on 08/07/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT Cervical Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The request for CT cervical spine is not medically necessary. The injured worker did complain of right shoulder and neck pain with numbness and tingling in the left thumb and reports that his right arm is weaker than the left. The California MTUS/ACOEM Guidelines state that criteria for ordering imaging studies includes emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. While the injured worker complained of weakness in his right arm, the physical exam findings provided did not indicate any neurologic deficit. No mention of a strengthening program or home exercise program was made in the provided documentation. No mention was made of a possible upcoming invasive procedure. The provided documentation did not indicate how the results of the CT of the cervical spine would impact the patient's treatment plan. As such, medical necessity has not been established based on guidelines for the requested service. Therefore, the request for CT cervical spine is not medically necessary.