

Case Number:	CM17-0005924		
Date Assigned:	01/12/2017	Date of Injury:	11/09/2016
Decision Date:	02/13/2017	UR Denial Date:	12/19/2016
Priority:	Standard	Application Received:	01/09/2017

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: 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:

The injured worker is a 24 year old male, who sustained an industrial injury on November 09, 2016 when he fainted and fell. The injured worker was diagnosed as having neck muscle strain, left index finger sprain, lumbar muscle strain, right knee contusion, current right knee medial meniscus tear, syncope, supraventricular tachycardia, and cervical 2 vertebral unspecified type of fracture nondisplaced. Treatment and diagnostic studies to date has included medication regimen, radiographs to the right knee, electrocardiogram, radiographs of the cervical spine, and x-rays to the left index finger. In a progress note dated November 18, 2016 the treating physician reports complaints of pain to the neck, left index finger, low back, and right knee with pain, numbness, and tingling to the left upper extremity. Examination performed on November 18, 2016 was revealing for tenderness to the cervical spine, tenderness to the left trapezius and rhomboid muscles, tenderness to the medial edge of the left scapula, decreased range of motion to the cervical spine, tenderness to the left index, middle, and distal phalanx, tenderness to the lumbosacral spine, tenderness to the left paraspinal muscles, tenderness to the left sciatic notch, decreased range of motion to the lumbar spine, effusion to the right knee, tenderness to the medial joint line of the right knee, positive medial McMurray's testing, and decreased range of motion to the right knee. The injured worker's pain level on November 18, 2016 was rated a 6 out of 10 to the neck, 4 out of 10 to the left index finger, and a 9 out of 10 to the low back and the right knee. The progress note from November 18, 2016 included radiographs of the cervical spine performed on this date that was revealing for a fracture at spinous process cervical 2 level. On November 18, 2016 the treating physician requested computed tomography of the cervical

spine that was performed on this date revealing for irregularity at cervical 2 spinous process with adjacent 2 foci of ossification that was noted to be probably related to old spinous process fracture. No acute fracture is detected. On December 19, 2016 the Utilization Review determined the retrospective request for computed tomography of the cervical spine for the date of service of November 18, 2016 to be non-approved.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective CT scan of the cervical spine (DOS 11/18/16): Overturned

Claims Administrator guideline: The Claims Administrator based their decision on recommendation(s) outside of the MTUS Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 2016, Neck and Upper Back, Indications for imaging, CT (computed tomography).

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter/ Computed Tomography (CT).

Decision rationale: Per the MTUS neck and upper back chapter, if physiologic evidence indicates tissue insult or nerve impairment, consider a discussion with a consultant regarding next steps, including the selection of an imaging test to define a potential cause such as magnetic resonance imaging for neural or other soft tissue, and Computed Tomography (CT) for bony structures. Per ODG, Indications for imaging -- CT (computed tomography) are as follows: Suspected cervical spine trauma, alert, cervical tenderness, paresthesias in hands or feet, Suspected cervical spine trauma, unconscious, Suspected cervical spine trauma, impaired sensorium (including alcohol and/or drugs), Known cervical spine trauma: severe pain, normal plain films, no neurological deficit, Known cervical spine trauma: equivocal or positive plain films, no neurological deficit, Known cervical spine trauma: equivocal or positive plain films with neurological deficit. The medical records reflect that the injured worker fainted and fell. Plain film radiographs revealed abnormality with appearance of C2 fracture. Computed Tomography (CT) was recommended and performed. Given cervical spine trauma and the appearance of C2 fracture on plain film radiography, proceeding with Computed Tomography (CT) for further evaluation of the C2 vertebra was medically necessary and appropriate. The request for Retrospective CT scan of the cervical spine (Date of Service 11/18/16) is medically necessary and appropriate.