

Case Number:	CM16-0236380		
Date Assigned:	12/12/2016	Date of Injury:	10/13/2016
Decision Date:	01/18/2017	UR Denial Date:	11/15/2016
Priority:	Standard	Application Received:	12/08/2016

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: Connecticut

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 case involves a now 27-year-old male with a history of an occupational claim from 10/13/2016. The mechanism of injury is detailed as an 8 foot fall off a ladder. The current diagnoses are documented as sprain of ligaments of cervical spine and lumbar sprain. Prior treatment has included chiropractic treatment, medications, and physical therapy. An office visit on 11/09/2016 shows the patient presented with a chief complaint of lumbar spine pain and cervical pain. A physical examination revealed pain with range of motion of the neck. The patient has tenderness throughout the cervical spine and thoracic spine. Deep tendon reflexes, motor strength, and sensation were intact in the bilateral upper extremities. Medications include acetaminophen 500 mg, orphenadrine 100 mg, ketoprofen 50 mg, and tramadol 37.5/325 mg. The treatment plan consisted of CT scan of the cervical spine and thoracic spine, and TOC to orthopedic spinal surgeon for evaluation and treatment. A Request for Authorization was signed on 11/08/2016. These requests were previously non-certified on 11/15/2016 due to lack of neurological deficits on examination to support a CT scan of the cervical spine; lack of neurological deficits to support a CT scan of the thoracic spine; and lack of failure of conservative treatment, red flags, and surgical plans to support a TOC to warrant a spine surgeon.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical CT scan: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

Decision rationale: Per ACOEM, unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The physical examination did not reveal any neurological deficits to support an imaging study at this time. There are no red flag conditions noted. As such, the request for "Cervical CT scan" is not medically necessary.

CT scan of the thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

Decision rationale: Per ACOEM, unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The physical examination did not reveal any neurological deficits to support an imaging study at this time. There are no red flag conditions noted. As such, the request for "CT scan of the thoracic spine" is not medically necessary.

TOC to ortho spine surgeon eval and treatment: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): Office visits.

Decision rationale: California MTUS 2016 Chronic Pain Guidelines indicate the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. There are no red flag conditions noted. There are no neurological deficits to support a spine surgeon evaluation at this time. As such, the request for "TOC to ortho spine surgeon eval and treatment" is not medically necessary.