

<b>Case Number:</b>	CM13-0008899		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	02/08/2013
<b>Decision Date:</b>	01/08/2014	<b>UR Denial Date:</b>	07/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/09/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation 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 physician 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 underlying date of injury in this case is 02/08/2013. The primary diagnosis is 723.0, or cervical stenosis. The patient is a 52-year-old man who was initially injured when he fell in the bathroom and hit the door with the left side of his head at work. The patient previously had fallen from a ladder and struck his head on a countertop at work in 2011. The patient had undergone epidural steroid injections on the right at C3-4 without benefit in regards to headaches or right-sided neck and upper back pain. An initial physician review notes that the treating provider reported that a negative response to an epidural injection ruled out the C3-4 foramen as clinically relevant to the patient's symptoms. The physician requested a bone scan to assess for inflammation around the cervical facet joints as well as a CT scan to obtain greater detail of the facet joints. The initial physician review indicated that requested radiographic studies were not medically necessary based on the guidelines.

### 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 ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)..

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

**Decision rationale:** The ACOEM guidelines, chapter 8/neck, page 182, recommends cervical CT scanning "to validate diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for invasive procedure." The medical records do not support that the patient meets these criteria for a cervical CT scan. Overall, the records do not support indication for a cervical CT scan based on the guidelines. This request is not medically necessary.

**Bone scan-cervical:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

**Decision rationale:** The ACOEM guidelines, chapter 8/neck, page 182, recommends, "CT to validate diagnosis of nerve root compromise, based on clear history and physical exam findings....if no improvement after one month, bone scan if tumor or infection possible." This patient does not meet these criteria for a bone scan. Overall, the medical records do not provide a rationale supported by the guidelines as an indication for a bone scan. This request is not medically necessary.