

<b>Case Number:</b>	CM13-0013687		
<b>Date Assigned:</b>	03/26/2014	<b>Date of Injury:</b>	11/17/2011
<b>Decision Date:</b>	05/28/2014	<b>UR Denial Date:</b>	08/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 patient is a 48 year old male who was injured on 11/17/2011 while he was driving a forklift in the cooler and his lift was struck by another employee's lift that was loaded with product. Prior treatment history has included HELP program, exercise and Blinded Pain Cocktail. Diagnostic studies reviewed include: 1. Lumbosacral spine oblique x-ray series, standing/weight bearing, two views revealing L4-5 and L5-S1 facet deteriorative changes are present with areas of bony sclerosis and joint space narrowing. Although the L5-S1 level is transitional, there are reasonably developed facet joints. There are traditional lateral masses to the L5 transverse processes, which are nearly fused, but presumably forming limited joints on the right greater than the left with the sacral ala. 2. Coned-Down lateral view of the lumbosacral spine, standing weight/bearing reveal anterosuperior L4 vertebral body bony spurring. For the purposes of this exam, it will be presumed that the lowest partially sacralized segment is the L5-S1 level, given that the iliac crests cross approximately at the L4-5 disc space level. The L5-S1 disc space is significantly narrowed and very rudimentary. PR-2 dated 12/04/2013 documented the patient to have complaints of pain in the shoulder and neck at 8/10 without pain medications. With medications it is 3-4/10 and is able to walk 2 miles, sit 40" and stand 40", lift <40", complete ADLs and care for children. Objective findings on exam reveal an antalgic gait. He has 4/5 strength in upper extremities and 5/5 lower extremities with functional ROM. He has limited ROM of back and neck in all directions but is improved from prior visit. He has slight tenderness in cervical myofascial tissue under scapula. PR-2 dated 12/18/2013 documented the patient with complaints of tight muscle in neck with shooting pain under arm to head with headache. He continues to have numbness in mid back at times. Objective findings reveal the patient is awake, alert and oriented and sitting in chair. He is able to transfer from sit to stand with stiffness and ambulates with an antalgic gait due to right side pain. He has 3/5 strength in upper extremities and 4/5 in

lower extremities. He has limited ROM of back and neck in all directions. He has tight muscles in neck and shoulders. Diagnosis: Cervicalgia. Work Restriction: May work front door.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **OUTPATIENT COMPUTED TOMOGRAPHY, CERVICAL SPINE WITHOUT CONTRAST MATERIAL: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

**Decision rationale:** The neurological examination does not reveal findings to suggest evidence of nerve root impairment, peripheral neuropathy, or spinal cord dysfunction. General motor strength deficits are not noted with any specific nerve root. The examination findings appear more subjectively derived, and do not clearly demonstrate any true neurological deficit. The medical records do not reveal an emergence of a red flag finding or neurological dysfunction, and the patient is not pending surgical intervention. CT of the cervical spine is not recommended under the evidence based guidelines, and the medical necessity of the request has not been established.