

<b>Case Number:</b>	CM13-0017296		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	07/09/2012
<b>Decision Date:</b>	02/26/2014	<b>UR Denial Date:</b>	08/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2013

### 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 Diagnostic Radiology 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.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to medical records from 8/9/13, the patient is a 33 year old female who complained of severe neck pain that radiated to the left shoulder and left 4th digits. There was numbness in the whole right hand. The patient had difficulty sleeping at night for more than 2 hours. The left shoulder pain was 7/10 and radiated under entire left armpit. Physical exam showed that muscle strength of the left upper extremity was 4/5 all around and the right upper extremities was 5/5. Sensation was decreased from C4-5 dermatome below. The Hoffman's, Tomner's and pectoralis were negative. The patient was diagnosed with cervical radicular pain. The plan was for CT of cervical spine with and without contrast, to rule out mass. MRI of the cervical spine from 7/8/13 showed C5-6 left paracentral protrusion with moderate central canal stenosis and neural foraminal narrowing. At C6-7, there was left paracentral disc protrusion with moderate central canal stenosis and no neural foramina narrowing. X-ray of cervical spine from 6/20/13 showed normal curvature, without instability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CT Scan of cervical spine with contrast:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

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

**Decision rationale:** The criteria for ordering imaging studies are: (1) Emergence of a red flag; (2) Physiologic evidence of tissue insult or neurologic dysfunction; (3) Failure to progress in a strengthening program intended to avoid Surgery; (4) Clarification of the anatomy prior to an invasive procedure (page 177-178.) The patient already had a recent MRI of cervical, which did not reveal a mass; therefore, the CT Scan of cervical spine with contrast is not medically necessary and appropriate. .

**CT Scan of cervical spine without contrast:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

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

**Decision rationale:** The criteria for ordering imaging studies are: (1) Emergence of a red flag; (2) Physiologic evidence of tissue insult or neurologic dysfunction; (3) Failure to progress in a strengthening program intended to avoid Surgery; (4) Clarification of the anatomy prior to an invasive procedure (page 177-178.) The patient already had a recent MRI of cervical, which did not reveal a mass; therefore, the CT Scan of cervical spine without contrast is not medically necessary and appropriate.