

<b>Case Number:</b>	CM13-0017843		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	12/03/2001
<b>Decision Date:</b>	01/22/2014	<b>UR Denial Date:</b>	08/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2013

### 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 Orthopedic Surgery 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:

She is a 43-year-old, female who was injured in a work related accident on 12/03/01 sustaining an injury to the neck. Records for review include a recent assessment of 05/01/13 by treating physician, [REDACTED] indicates continued complaints of neck pain dating back to time of injury. She describes severe neck pain with radiating bilateral arm pain. It states since time of injury she has had a previous right carpal tunnel release procedure, but continues to complain of pain. It states the claimant is at a diagnosis of complex regional pain syndrome for which recent MR imaging of the neck did not demonstrate surgical pathology. It states that she has had two prior dorsal column stimulators placed that have been helpful, but still requires use of narcotics. Neurologic examination shows 5/5 motor testing with a normal gait pattern and no other significant findings. Working assessment was that of chronic pain syndrome and neck injury. Discussion regarding potential need of a morphine pump was noted. It states since the claimant has not had imaging in the past three years, a CT scan of the cervical spine was recommended to "make sure there is no surgical pathology".

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CT scan cervical spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck Chapter, Computed Tomography.

**Decision rationale:** Based on Official Disability Guidelines criteria as California MTUS Guidelines are silent regarding criteria for CT imaging of the neck. Official Disability Guidelines would currently not support the role of a CT scan. The only clinical indications for CT imaging are that of cervical trauma or equivocal neck pain with positive plain films. While the claimant is noted to be with continued chronic complaints of neck pain and chronic regional pain syndrome there is no documented formal physical examination findings that would indicate an acute change in her current course of care. The absence of changes to her physical examination would fail to necessitate the role of imaging at this chronic stage of the claimant's course of care for her cervical related complaints