

<b>Case Number:</b>	CM13-0019909		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	04/14/1998
<b>Decision Date:</b>	01/27/2014	<b>UR Denial Date:</b>	08/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2013

### 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 Ohio, Pennsylvania and Texas. 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:

This is a 46-year-old female with a date of injury of 4/14/98. Her most current diagnosis based on clinical notes provided include that of Chronic Regional Pain Syndrome/Reflex Sympathetic Dystrophy as well as chronic pain syndrome and mental health complaints. Previous treatment in this case has included medications, assistive devices, and psychotherapy. She apparently also had a spinal cord stimulator placed in 2007. Her most recent clinical note provided for review was dated 7/11/13 where the claimant complained of persistent neck and back pain. A focused examination of the cervical spine on that date revealed decreased range of motion with strength 4/5 in most regions. There was apparently questionable decreased sensation over the left C5 through C8 dermatomal level. The request is for cervical CT scan for persistent and severe neck pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CT scan of the cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Table 8-8.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**Decision rationale:** Upon review of the medical records provided, and per previously noted from the peer review, there were no diagnostic studies performed to date including but not limited to standard plain film radiography of the cervical spine. There is also no mention as to progressive worsening in terms of radiculopathy or myelopathic changes in this case. Utilizing California MTUS Guidelines, indications for imaging of the cervical spine with CT would be suspect of cervical spine trauma or known cervical spine trauma with severe pain with normal plain films with no neurologic deficit. In this case, there does not appear to be any acute evidence of any cervical spine trauma since the date of injury was 4/14/98. There is also no mention in the medical records provided that any worsening of symptomatology from a neurologic standpoint. As such, and based on California MTUS Guidelines, it does not appear to be medically reasonable to recommend use of diagnostic CT scan of the cervical spine.