

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM14-0009250 |                              |            |
| <b>Date Assigned:</b> | 02/14/2014   | <b>Date of Injury:</b>       | 01/19/2012 |
| <b>Decision Date:</b> | 06/24/2014   | <b>UR Denial Date:</b>       | 01/15/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/23/2014 |

### 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, and is licensed to practice in 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 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 request for CT scan of the cervical spine without contrast is non-certified. The California MTUS/ACOEM Guidelines state special studies are not needed unless a 3 or 4 week period of conservative care and observation fails to improve symptoms. The criteria for ordering imaging studies are an emergence of a red flag, physiological evidence of tissue insult or neurological dysfunction, failure to progress in a strengthening program in an attempt to avoid surgery and clarification of the anatomy prior to an invasive procedure. The Official Disability Guidelines further state computed tomography is not recommended except for the indications of suspected cervical spine trauma or known cervical spine trauma. There is a significant lack of objective findings to indicate the need for a repeated CT scan of the cervical spine such as a red flag or significant changes in the injured worker's condition. Furthermore, there is a lack of evidence of the efficacy of conservative treatments such as NSAIDs and physical therapy. Therefore, based on the documentation provided, the request is not medically necessary and appropriate.

### 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 WITHOUT CONTRAST:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Computed tomography (CT).

**Decision rationale:** The request for CT scan of the cervical spine without contrast is non-certified. The California MTUS/ACOEM Guidelines state special studies are not needed unless a 3 or 4 week period of conservative care and observation fails to improve symptoms. The criteria for ordering imaging studies are an emergence of a red flag, physiological evidence of tissue insult or neurological dysfunction, failure to progress in a strengthening program in an attempt to avoid surgery and clarification of the anatomy prior to an invasive procedure. The Official Disability Guidelines further state computed tomography is not recommended except for the indications of suspected cervical spine trauma or known cervical spine trauma. There is a significant lack of objective findings to indicate the need for a repeated CT scan of the cervical spine such as a red flag or significant changes in the injured worker's condition. Furthermore, there is a lack of evidence of the efficacy of conservative treatments such as NSAIDs and physical therapy. Therefore, based on the documentation provided, the request is not medically necessary and appropriate.