

<b>Case Number:</b>	CM14-0012602		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	07/10/2006
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	01/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/31/2014

### 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 & Rehabilitation 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 62-year-old male who has submitted a claim for cervical facet syndrome, cervical disc disorder, and cervical radiculopathy; associated with an industrial injury date of 01/27/2014. Medical records from 2013 to 2014 were reviewed and showed that patient complained of increasing neck pain radiating down the right arm. Physical examination showed tenderness over the bilateral paravertebral muscles, trapezius, bilateral facet joints, and right acromioclavicular joint and coracoid process. Range of motion of the cervical spine and right shoulder was limited. Spurling's maneuver was positive. Deep tendon reflexes were decreased. Motor testing showed weakness of the right shoulder. Decreased sensation to light touch was noted over the right thumb, and index, middle, and ring fingers. CT scan of the cervical spine, dated 10/18/2012, showed thecal sac compression at C3-C7 due to bony spurs, noted worsening of left foramen narrowing at C6-C7, and further foraminal narrowing at C5-C6. The official report of the imaging study was not provided. Treatment to date has included medications, physical therapy, transcutaneous electrical nerve stimulation (TENS), acupuncture, heat therapy, epidural steroid injection, and C5 through C7 anterior cervical fusion (10/28/2010). Utilization review, dated 01/27/2014, denied the request for cervical spine CT scan to check for non-union of previous cervical fusion. The reason for denial was that the reason for suspecting the non-union of fusion, 3 years post injury, was unclear, and because X-ray would be a reasonable cost effective test to detect non-union.

### 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:** 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): 179-180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter, Computed Tomography, Radiography.

**Decision rationale:** ACOEM Guidelines supports imaging studies with red flag conditions; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; clarification of the anatomy prior to an invasive procedure and definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. ODG states that cervical CT scans are indicated with suspected or known cervical spine trauma, after obtaining plain films. In addition, ODG recommends X-rays as the first study for patients of any age with chronic neck pain and history of neck surgery. In this case, the patient complains of neck pain with radicular symptoms despite medications, physical therapy, and C5-C7 anterior cervical fusion. The rationale for the present request is to check for non-union due to persistent increasing symptoms. However, it is not clear from the medical records submitted for review if a cervical X-ray has been performed. Therefore, the request is not medically necessary.