

<b>Case Number:</b>	CM14-0128333		
<b>Date Assigned:</b>	08/15/2014	<b>Date of Injury:</b>	04/07/2011
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	08/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine 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 injured worker is a 69 year old male who had a date of injury of 04/16/2003. He slipped from his truck and fell about 6 feet to the ground. He had pain and stiffness in his neck, back and shoulders. He noted pain in the right side of his head with floaters in his right eye. Treatment included cervical spine surgery with anterior fusion of C5-6 in 2005. He subsequently had a second cervical spinal surgery in 2007 with posterior fusion of C5-6. He had a third surgery in 2007 for hardware failure and revision of posterior fusion of C5-6. A fourth surgery was done in 2008 with extension of fusion to include C3-C6. Cervical spine CT scan on 05/28/14 did not demonstrate hardware failure. Most recent clinical record submitted for review is dated 07/29/14. The injured worker presents with complaints of neck pain, shoulder pain and mid back pain. He rates his pain as 9.5/10. He has morning stiffness of about 60 minutes or more. Location of pain is neck, both shoulders and arms and mid back. It is consistent sharp, knife-like pain. On physical examination the injured worker is alert and oriented, appropriate mood and affect. There is limited range of motion of the neck which is stiff and tender. Extension is decreased with pain. Flexion is decreased with pain. Rotation and lateral bending bilaterally is decreased with pain. There is tenderness over the bilateral cervical and thoracic muscles. Vertebral tenderness at midline, cervical region, occipital tenderness noted bilaterally. Gait is unsteady but does not use assistive devices. Reflexes in the upper extremities are 0/4. Lower extremities are 1/4. Diminished sensation in the right deltoid, biceps and triceps. Diagnoses brachial neuritis/radiculitis, thoracic sprain/strain, pain in joint shoulder region, chronic pain syndrome, postlaminectomy syndrome cervical region. Plan was to order a spect CT scan of cervical spine to assess pathology and hardware.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Dexamethasone 4mg #4: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pain chapter.

**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.

**Decision rationale:** The request for Dexamethasone 4mg #4 is not medically necessary. Guidelines state, Not recommended. The limited available research evidence indicates that oral steroids do not appear to be an effective treatment for patients with back problems. As such, medical necessity has not been established.

**Spect 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 (ODG).

**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.

**Decision rationale:** The request for Spect CT Scan - Cervical Spine is not medically necessary. The injured worker had a Cervical spine CT scan on 05/28/14 did not demonstrate hardware failure. There is clinical evidence to repeat the scan. As such, medical necessity has not been established.