

<b>Case Number:</b>	CM14-0029578		
<b>Date Assigned:</b>	04/09/2014	<b>Date of Injury:</b>	08/06/2003
<b>Decision Date:</b>	05/27/2014	<b>UR Denial Date:</b>	01/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2014

### 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 Occupational 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 patient is an employee of [REDACTED] and has submitted a claim for cervicalgia associated with an industrial injury date of 08/06/2003. The treatment to date has included C4-C7 anterior cervical discectomy and fusion on 12/07/2010, ORIF of mandibular fracture on 11/12/2013, cervical epidural steroid injection, radiofrequency ablation, shoulder surgery on an unspecified date, and oral medication (OxyContin). Utilization review from 01/07/2014 denied the request for a CT scan of the neck spine without dye because there was no clear clinical or radiographic evidence or suspicion of issues related to tumor, fracture, infection or neurologic compromise for which CT imaging is indicated. There was likewise no mention of any cervical spine issues or suspicion of any red flag diagnoses that will require imaging. The medical records from 2013 were reviewed showing that patient complained of severe headaches with cervical pain and numbness in both hands, especially in the last two digits. Physical examination showed right-sided weakness with 4+/5 strength of biceps, triceps, wrist flexors, and wrist extensors. X-ray of the cervical spine on an unspecified date showed solid fusion at C4 through C7.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CT OF THE 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 rationale:** California MTUS ACOEM Neck and Upper Back Complaints supports imaging studies with red flag conditions; physiologic evidence of tissue insult or neurologic dysfunction; and definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. In this case, the rationale given for CT scan of the cervical spine is to assess prior fusion at C4-C7 performed on 12/07/2010. However, the only progress report available for review is dated 12/09/2013 citing subjective complaints of severe headache with cervical pain and numbness in both hands. A comprehensive physical examination, especially neurological exam, is not documented as only motor strength was assessed. The guideline criteria have not been met. Therefore the request for CT of the cervical spine is not medically necessary.