

<b>Case Number:</b>	CM14-0054191		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	12/22/2009
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	04/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2014

### 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 Nevada. 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 records, presented for review, indicate that this 59 year old male was reportedly injured on 12/22/2009. The mechanism of injury was a slip off a lift and landed on his head. The most recent progress note, dated 3/19/2014, indicated that there were ongoing complaints of neck pain that radiated into bilateral upper extremities. The physical examination demonstrated cervical spine tenderness to palpation, good range of motion, negative Spurling's sign, good finger nose testing, slight and subtle weakness in the right upper extremity at 4+/5, sensation was intact, deep tendon reflexes were 2+ at the wrist, biceps and ankles and 3+ at the elbows and knees bilaterally. Diagnostic imaging studies included an MRI of the cervical spine, dated 11/16/2013, which revealed: C4 corpectomy with a cage, with anterior instrumentation from C3 to C7, C3 to C7 has posterior instrumentation with a decompression, at C6 to C7, there was some neural foraminal narrowing, and without evidence of stenosis. Previous treatment included cervical spine fusion, medications, and conservative treatment. A request was made for cervical CT/Myelogram and was not certified in the preauthorization process on 4/3/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical CT/Myelogram:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Neck and Upper Back (Acute & Chronic) Computerized Tomography, updated 8/4/2014.

**Decision rationale:** Computed Tomography (CT) is not recommended in patients who are alert, have never lost consciousness, are not under the influence of alcohol and/or drugs, had no distracting injury, had no cervical tenderness, and had no neurological findings, and do not need imaging. MRI or CT imaging studies are valuable when potentially serious conditions are suspected like tumor, infection, and fracture, or for clarification of anatomy prior to surgery. If there is a contraindication to the magnetic resonance examination such as a cardiac pacemaker or severe claustrophobia, computed tomography (CT) or myelography, preferably using spiral technology and multiplanar reconstruction is recommended. CT scan has better validity and utility in cervical trauma for high risk or multi-injured patients. Repeat CT is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neuro-compression, recurrent disc herniation) where MRI is contraindicated. After reviewing the medical documentation provided, there is no significant radiculopathy noted on physical exam. Therefore, this request does not meet the above listed criteria. The request for CT/Myelogram deemed not medically necessary.