

<b>Case Number:</b>	CM14-0065276		
<b>Date Assigned:</b>	05/12/2014	<b>Date of Injury:</b>	05/04/2007
<b>Decision Date:</b>	07/10/2014	<b>UR Denial Date:</b>	04/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2014

### 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 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 underlying date of injury in this case is 05/04/2007. The claimant's diagnosis is status post C5-C7 cervical discectomy and fusion. On 03/11/2014, the claimant was seen in spinal surgery followup. The claimant reported a tremendous amount of neck pain and pain in her shoulder, particularly on the right more than the left, and she had been having neck stiffness. The treating physician indicated he was not clear if the patient's symptoms were in the cervical spine or the right shoulder. The treating physician recommended MRI imaging of the cervical spine as well as CT scan and SPECT imaging of the neck.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **SINGLE PHOTON EMISSION COMPUTED TOMOGRAPHY OF THE NECK:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183. Decision based on Non-MTUS Citation ODG Neck and Upper Back.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines.

**Decision rationale:** The ACOEM Guidelines recommends CT imaging of the neck if there are clear history and physical examination findings suggesting the need for an invasive procedure.

The medical records do not provide such a rationale for imaging at this time. With regard in particular to single photon emission CT scanning, the Official Disability Guidelines discuss SPECT scanning for the low back but not for the neck. In the low back this treatment is discussed as being investigational and not of clear clinical utility. This overall treatment request at this time for a SPECT study is not indicated and is essentially investigational in nature and not supported by clinical guidelines. As such, the request is not medically necessary and appropriate.