Case Number:	CM14-0069263		
Date Assigned:	07/14/2014	**Date of Injury:**	07/13/2001
Decision Date:	09/15/2014	**UR Denial Date:**	05/02/2014
Priority:	Standard	**Application Received:**	05/14/2014

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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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 54-year-old female who sustained a work related injury on 07/13/2001 as a result of an unknown mechanism of injury. Since then she has had continual chronic neck pain and has been diagnosed with post laminectomy syndrome cervical region, cervical spondylosis, cervical intervertebral disc without myelopathy, interstitial myositis, headaches and unspecified myalgia and myositis. She has undergone two separate cervical fusion surgeries at the C5-6 and C6-7 levels on separate dates. According to her PR-2 dated April 16, 2014, she complains of chronic, severe neck pain, bilateral upper extremity painful radiculopathy due to failed neck surgery syndrome and spondylosis. She is attempting to taper her medication use as much as possible. Her pain is 10/10 without medications and 4-5/10 with medications. Her pain was 4-5/10 at date of visit. Her medications keep her functional, allowing for increased mobility, tolerance of performing activities of daily living (ADL's) and home exercises. Her current pain regimen includes Oxycontin XR 30mg bid, Oxycodone 30mg Q 3 hours prn pain, Celebrex 200mg QD, Zomig 5mg QD, Carisoprodol 350mg bid. On exam, she has decreased cervical range of motion with tenderness upon palpation at C4-5 and T5-6. Neurologically, she has a deficit upon sensation to pin at the left C6 and C7 dermatomes with a decreased left upper extremity upon light touch. In dispute is a request for a CT scan of the cervical and thoracic spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT scan of the cervical spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179,Chronic Pain Treatment Guidelines Page(s): 69, 80-81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index 12th edition (web) 2014, Head- migraine, Triptans, Neck and Upper Back- Computed tomography (CT).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: ACR Appropriateness Criteria.

Decision rationale: Spinal Computed Tomography (CT): Computed tomography (CT) is a technology using ionizing radiation to generate images resulting from differential X-ray absorption of the specific tissues examined. The strength of CT lies in the detailed depiction of bone, and therefore it has greatest utility in evaluating the bony spine, as opposed to the spinal cord or other soft tissue structures. Additionally, CT may also play an important role in performing and monitoring invasive diagnostic and therapeutic procedures. Primary indications for CT of the spine include, but are not limited to: 1. Traumatic injuries, including evaluation of acute injuries and their potential chronic/long term reparative changes. CT of the spine is particularly useful in and is considered a primary imaging evaluation of acute spine trauma in adults. 2. Degenerative conditions and osteoarthritis evaluation. CT is often used to study the spine for conditions such as lumbar stenosis or in evaluating degenerative disc disease, and is the primary evaluation technique when MRI is contraindicated (e.g., the presence of cardiac pacemaker or other implants that are not MRI compatible).3. Postoperative evaluations. CT has shown utility in evaluating postoperative patients with bone graft placement for fusion and/or with spinal instrumentation. The latter is sometimes performed with the additional use of an intrathecal contrast agent.4. Infectious processes of the spine and related paraspinal tissues/structures.5. Image guidance. CT of the spine can be used for imaging guidance before, during, and after various spine interventions, including myelography, biopsy, aspiration, stereotactic surgery, and spine injection procedures.6. Neoplastic conditions and their complications. CT can provide valuable information in the evaluation of primary or metastatic neoplasms of the spine, to include marrow-replacing conditions such as multiple myeloma. It can also provide valuable information in relation to complications of neoplastic disease, including misalignment and pathologic vertebral compression fractures. 7. Evaluation of inflammatory lesions and crystal deposition disease, including presence and extent of involvement.8. Congenital or developmental spine abnormalities. CT can provide valuable information in the evaluation of the osseous components of congenital spinal anomalies. 9. Abnormalities related to alignment or orientation of the spine, such as scoliosis or spondylolysis with or without spondylolisthesis 10. Evaluation of spinal cord syrinxes and other primary processes involving the spinal cord, especially in the evaluation of intrathecal metastases, often in combination with intrathecal contrast use, in situations where MRI is contraindicated. Because of the instrumentation of the C5-6, and C6-7 spinal fusion, MRI is not an option because of the scatter effect by the metal utilized to obtain spinal fusion. Despite the radiation, CT is the next standard imaging study of the spine after MRI.

CT scan of the thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179,Chronic Pain Treatment Guidelines Page(s): 69, 80-81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index 12th edition (web) 2014, Head- migraine, Triptans, Neck and Upper Back- Computed tomography (CT).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: ACR Appropriateness Criteria.

Decision rationale: Spinal Computed Tomography (CT): Computed tomography (CT) is a technology using ionizing radiation to generate images resulting from differential X-ray absorption of the specific tissues examined. The strength of CT lies in the detailed depiction of bone, and therefore it has greatest utility in evaluating the bony spine, as opposed to the spinal cord or other soft tissue structures. Additionally, CT may also play an important role in performing and monitoring invasive diagnostic and therapeutic procedures. Primary indications for CT of the spine include, but are not limited to: 1. Traumatic injuries, including evaluation of acute injuries and their potential chronic/long term reparative changes. CT of the spine is particularly useful in and is considered a primary imaging evaluation of acute spine trauma in adults. 2. Degenerative conditions and osteoarthritis evaluation. CT is often used to study the spine for conditions such as lumbar stenosis or in evaluating degenerative disc disease, and is the primary evaluation technique when MRI is contraindicated (e.g., the presence of cardiac pacemaker or other implants that are not MRI compatible).3. Postoperative evaluations. CT has shown utility in evaluating postoperative patients with bone graft placement for fusion and/or with spinal instrumentation. The latter is sometimes performed with the additional use of an intrathecal contrast agent.4. Infectious processes of the spine and related paraspinal tissues/structures.5. Image guidance. CT of the spine can be used for imaging guidance before, during, and after various spine interventions, including myelography, biopsy, aspiration, stereotactic surgery, and spine injection procedures.6. Neoplastic conditions and their complications. CT can provide valuable information in the evaluation of primary or metastatic neoplasms of the spine, to include marrow-replacing conditions such as multiple myeloma. It can also provide valuable information in relation to complications of neoplastic disease, including misalignment and pathologic vertebral compression fractures. 7. Evaluation of inflammatory lesions and crystal deposition disease, including presence and extent of involvement.8. Congenital or developmental spine abnormalities. CT can provide valuable information in the evaluation of the osseous components of congenital spinal anomalies. 9. Abnormalities related to alignment or orientation of the spine, such as scoliosis or spondylolysis with or without spondylolisthesis 10. Evaluation of spinal cord syrinxes and other primary processes involving the spinal cord, especially in the evaluation of intrathecal metastases, often in combination with intrathecal contrast use, in situations where MRI is contraindicated. The patient has no complaint of thoracic spinal pain, issues with ribcage or thoracic discomfort or cardiac or respiratory complaints necessitating need for advanced imaging. The only thing found was a single segmental point of tenderness upon exam. The request for a thoracic spine CT is not needed as the indications for obtaining such study has not been established.