

<b>Case Number:</b>	CM14-0083519		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	12/10/2008
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	05/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2014

### 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 30-year-old female was reportedly injured on December 10, 2008. The mechanism of injury is noted as a fall off of the broken chair and hitting the head on a filing cabinet. The most recent progress note, dated April 4, 2014, indicates that there are ongoing complaints of neck pain, upper back pain, lower back pain, bilateral shoulder pain, and bilateral hip pain. Current medications include Ativan, Dilaudid, and Zantac. The physical examination of the cervical spine demonstrated decreased range of motion and a negative Spurling's test. The examination of the lumbar spine also reveal decreased range of motion as well as tenderness and spasms over the paravertebral muscles. The injured employee was stated to be wearing a TLSO brace. There was decreased sensation at the L4 and L5 dermatomes of the right lower extremity and decreased muscle strength of the extensor hallucis longus, hip flexors, and ankle dorsiflexors rated at 4/5 bilaterally. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes physical therapy, acupuncture, chiropractic care, and cervical spine injections. A request had been made for a CT scan of the cervical spine and was not certified in the pre-authorization process on May 8, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CT Scan Cervical Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official

Disability Guidelines: Treatment Index, 11th Edition (Web), 2013, Neck and Upper Back Chapter, Indications for Imaging-CT (Computed Tomography)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG -TWC/ODG Integrated Treatment/Disability Duration Guidelines; Neck and Upper Back (Acute & Chronic) - Computed Tomography (updated 08/04/14).

**Decision rationale:** According to the Official Disability Guidelines a CT of the cervical spine is only indicated for suspected or known cervical spine trauma or for when other potentially serious conditions are suspected such as a tumor, infection, fracture, or clarification of anatomy prior to surgery. The injured employees stated date of injury for potential trauma to the cervical spine was over five years ago and there is no other suspicion of tumor, infection, or fracture stated. Nor is potential cervical spine surgery planned. As such, this request for CT of the cervical spine is not medically necessary.