

<b>Case Number:</b>	CM14-0103661		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	08/01/2002
<b>Decision Date:</b>	01/23/2015	<b>UR Denial Date:</b>	06/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/05/2014

### 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 Internal Medicine, has a subspecialty in Nephrology and is licensed to practice in ENTER STATE. 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:

This is a 58-year-old male with a date of injury of August 1, 2002. The mechanism of injury is unknown. Most current diagnoses include right shoulder rotator cuff tear, neck pain status post fusion and history of right shoulder labral repair. In evaluation dated March 4, 2014, the injured worker complained of limited range of motion and stiffness in his neck. He complained of right shoulder pain along with some weakness in the right arm and stiffness. Physical examination revealed tenderness along the cervical paraspinal muscles bilaterally. He also had tenderness along the posterior capsule, rotator cuff and biceps tendon of the right shoulder. Cervical flexion was 40 degrees, extension 30 degrees, lateral tilting to the right 15 degrees and to the left 40 degrees. Treatment modalities included 12 sessions of physical therapy, epidural injection, topical patches, hot and cold wrap and medications. As of evaluation dated March 4, 2014, he was currently not working. A CT of the cervical spine was requested. On June 6, 2014, utilization review denied the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CT (computed tomography) scan of the cervical spine:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter, Computed Tomography, Radiography

**Decision rationale:** As stated on pages 179 to 180 of CA MTUS ACOEM guidelines, imaging studies are supported supports imaging studies with red flag conditions; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; clarification of the anatomy prior to an invasive procedure and definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. ODG states that cervical CT scans are indicated with suspected or known cervical spine trauma, after obtaining plain films. In addition, ODG recommends x-rays as the first study for patients of any age with chronic neck pain and history of neck surgery. In this case, the patient is status post cervical fusion in 2004 as well as cervical epidural steroid injection. He is status quo until there is recurrence of neck pain described as limited motion and stiffness. He likewise complained of shooting pain down the right arm. Physical exam showed tender paracervical muscles, limited cervical motion and weakness of right shoulder muscles. The documented rationale for a CT scan is to evaluate previous fusion as well as to investigate any adjacent segment disease. The current treatment plan includes possible repeat cervical epidural steroid injection. Given the recurrence of patient's symptoms documented by physical examination findings, the medical necessity for imaging has been established. Therefore, the request for CT (computed tomography) scan of the cervical spine is medically necessary.