

<b>Case Number:</b>	CM14-0193904		
<b>Date Assigned:</b>	12/01/2014	<b>Date of Injury:</b>	06/15/2011
<b>Decision Date:</b>	01/14/2015	<b>UR Denial Date:</b>	10/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/19/2014

### 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 Occupational Medicine 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:

Injured worker is a female with date of injury 6/15/2011. Per workers' compensation follow up evaluation dated 10/13/2014, the injured worker complains of continued pain in her neck. She has seen a spine surgeon for second opinion regarding suspected pseudoarthrosis non-union at C6-7 and he agreed that this is probably a non-union with failure of prior surgical attempt at fusion at that level. An EMG is noted to be normal. An MRI scan is of good quality, but it is difficult, if not impossible to tell whether there is a non-union at that level based on the MRI images, so a CT scan is requested. Per workers' compensation follow up evaluation dated 11/14/2014, the injured worker reports feeling and hearing a loud popping sensation in her neck. X-rays of the cervical spine continue to show a high degree of suspicion about the C6-7 level regarding whether the fusion at that level has in fact fused. CT scan of the cervical spine is still requested.

### 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 to R/O Pseudoarthrosis:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**Decision rationale:** Per the MTUS Guidelines, if physiologic evidence indicates tissue insult or nerve impairment, advanced imaging such as MRI or CT scan may be necessary. Other criteria for special studies include emergence of a red flag, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. The claims administrator reports that the lack of findings in the EMG and MRI on 9/29/2014 does not provide sufficient information to support further studies. The MRI likely is not useful, however, and a CT scan would be a more appropriate study with the presence of hardware that could produce artifact with an MRI. The claims administrator also notes a prior statement reporting that the presence of a psuedoarthrosis or non-union could not be changed, but stability could be improved with a dorsal bone fusion. This information was considered to be in conflict with the current request, however, the information from a CT would likely be helpful to guide whether to recommend surgery or not. The request for CT scan of the cervical spine to R/O Pseudoarthrosis is determined to be medically necessary.