

<b>Case Number:</b>	CM14-0092084		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	05/01/2010
<b>Decision Date:</b>	01/02/2015	<b>UR Denial Date:</b>	05/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2014

### 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, has a subspecialty in Interventional Spine 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 patient is a 46 year old female with an injury date of 05/01/10. Based on the progress report dated 04/15/14, the patient complains of chronic, severe neck and right shoulder pain that radiates to the right arm. The "constant, exhausting, electrical, throbbing, and tender" pain is aggravated by cold and activity. Rest, medications and massage help alleviate the pain. The pain is rated at 3/10 with medications and 10/10 without medication. Physical examination of the cervical spine, as per progress report dated 04/18/14, reveals tenderness to palpations of the paraspinals. Range of motion is decreased with flexion at 15 degrees, extension at 5 degrees, right lateral rotation at 10 degrees, and left lateral rotation at 15 degrees. Spurling's test is positive to right. Physical examination of the lumbar spine also reveals tenderness to palpation of the paraspinals. The patient underwent right shoulder surgery in 2010 and cervical SCS in 2011. Medications include Butrans patch, Diclofenac sodium, Savella, Topamax, Lexapro, Wellbutrin, and Ritalin, as per progress report dated 04/18/14. The patient is also relying on conservative therapies such as home exercise programs, moist heat, and stretches. She has received ESI, physical therapy, and TENS unit, as per progress report dated 04/15/14. The patient was allowed to return to work on 05/13/14, as per progress report dated 04/18/14. Diagnosis, 04/18/14- TMJ syndrome (bilateral)- Migraine headache- Neck pain- Neuropathy- Unspecified hereditary and idiopathic peripheral neuropathy- Unspecified myalgia and myositis- Other syndromes affecting cervical region The physician is requesting for CT of the cervical spine. The utilization review determination being challenged is dated 05/27/14. The rationale was "physician does not specifically address the reasons behind the previous non-certification of a cervical CT and plain radiographs are not documented..." Treatment reports were provided from 04/15/14 - 04/18/14.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Computed Tomography (CT) scan of the Cervical Spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Computed Tomography (CT)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Neck and Upper Back (Acute & Chronic), Chapter, CT (Computed Tomography)

**Decision rationale:** The patient presents with chronic, severe neck and right shoulder pain that radiates to the right arm. The pain is rated at 10/10 without medications and 3/10 with medications, as per progress report dated 04/15/18. The request is for CT of the cervical spine. The ODG Guidelines, Low Back - Neck and Upper Back (Acute & Chronic), Chapter, CT (Computed Tomography) state that "for the evaluation of the patient with chronic neck pain, plain radiographs (3-view: anteroposterior, lateral, open mouth) should be the initial study performed. Patients with normal radiographs and neurologic signs or symptoms should undergo magnetic resonance imaging. If there is a contraindication to the magnetic resonance examination such as a cardiac pacemaker or severe claustrophobia, computed tomography myelography, preferably using spiral technology and multiplanar reconstruction is recommended." In this case, the patient suffers from chronic pain. She also underwent cervical SCS in 2011, as per progress report dated 04/18/14. Review of the available progress reports does not reveal prior CT. However, the reports do not discuss the reason for the request. There is no discussion regarding the patient's SCS, whether or not there has been a problem with it. There is no discussion regarding a new injury, a significant change in the patient's clinical presentation to warrant a set of CT scan. There does not appear to be a set of X-rays either. The request is not medically necessary.