

<b>Case Number:</b>	CM15-0105638		
<b>Date Assigned:</b>	06/10/2015	<b>Date of Injury:</b>	12/14/2005
<b>Decision Date:</b>	07/10/2015	<b>UR Denial Date:</b>	04/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/01/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: North Carolina

Certification(s)/Specialty: Family Practice

### 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 injured worker is a 59 year old male, who sustained an industrial injury on December 14, 2005. He reported neck pain, headaches, bilateral arm pain, numbness and weakness. The injured worker was diagnosed as having cervicgia, status post cervical fusion, status post bilateral knee arthroscopies in 2009 and left shoulder arthroscopies in 2010. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention of the cervical spine, physical therapy, medications, cervical epidural steroid injections, medications and work restrictions. Currently, the injured worker complains of continued pain in the neck, headaches, bilateral arm pain, numbness and weakness. The injured worker reported an industrial injury in 2005, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. It was noted he was treated with cervical fusion however broken hardware was reported and it was noted he would require additional surgical intervention. He reported being in severe pain and being unable to work or perform many activities of daily living. Evaluation on April 11, 2015, revealed continued pain as noted. Radiographic imaging of the cervical spine were requested.

### 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:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, upper and upper back chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

**Decision rationale:** The ACOEM chapter on neck and upper back complaints and special diagnostic studies states: Criteria for ordering imaging studies are: Emergence of a red flag; 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. The provided progress notes fails to show any documentation of indications for imaging studies of the neck as outlined above per the ACOEM. There was no emergence of red flag. The neck pain was characterized as unchanged. The physical exam noted no evidence of new tissue insult or neurologic dysfunction. There is no planned invasive procedure. Therefore criteria have not been met for a imaging studies of the neck and the request is not certified. Therefore, the requested treatment is not medically necessary.

**MRI 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, upper back chapter, magnetic resonance imaging (MRI).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

**Decision rationale:** The ACOEM chapter on neck and upper back complaints and special diagnostic studies states: Criteria for ordering imaging studies are: Emergence of a red flag; 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. The provided progress notes fails to show any documentation of indications for imaging studies of the neck as outlined above per the ACOEM. There was no emergence of red flag. The neck pain was characterized as unchanged. The physical exam noted no evidence of new tissue insult or neurologic dysfunction. There is no planned invasive procedure. Therefore criteria have not been met for a imaging studies of the neck and the request is not certified. Therefore, the requested treatment is not medically necessary.