

<b>Case Number:</b>	CM15-0133854		
<b>Date Assigned:</b>	07/22/2015	<b>Date of Injury:</b>	03/22/2003
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	07/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented 58-year-old who has filed a claim for chronic neck pain reportedly associated with an industrial injury of March 22, 2003. In a Utilization Review report dated July 1, 2015, the claims administrator failed to approve a request for CT imaging of the cervical spine without contrast. The claims administrator referenced a June 27, 2015 progress note in its determination. The claims administrator referenced comments made by the attending provider to the effect that there were concerns over bony non-union versus pseudoarthrosis along with earlier plain films of the cervical spine reportedly demonstrating a solid indwelling fusion. The applicant's attorney subsequently appealed. In a June 22, 2015 progress note, the applicant reported ongoing complaints of neck pain. CT scan was pending. The applicant was neurologically intact. The applicant was described as having facet arthrosis with advanced degenerative changes. CT imaging was sought. On April 27, 2015, the attending provider reiterated his request for a CT scan of the cervical spine to assess the solidity of the applicant's fusion. Some pain with range of motion testing was appreciated. On March 22, 2015, the attending provider stated that CT imaging of the cervical spine was being sought to assess whether a bony union was present. The attending provider also stated that he was intent on obtaining CT imaging to assess the nature of the applicant's spinopathology at levels other than the fused levels. On February 9, 2015, the attending provider referenced prior x-rays of the cervical spine of October 20, 2014 demonstrating what appeared to be a solid bony union. The applicant was described as having tension headaches in the cervical region and symptoms about the thoracic region. Muscle spasms and tension headaches were reported. The applicant's work status was not outlined.

## 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 without contrast:** Upheld

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

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

**Decision rationale:** No, the request for CT imaging of the cervical spine without contrast was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 8, Table 8-7, page 179 does acknowledge that CT imaging was scored at 4/4 at its ability to identify and to define suspected anatomic defects, here, however, the attending provider did not clearly state why he suspected pseudoarthrosis and/or bony non-union of the cervical spine via the June 22, 2015 and April 27, 2015 progress notes at issue. It was not stated what aspects of the applicant's presentation were suspicious of pseudoarthrosis or bony non-union. The attending provider did not reconcile his request for a CT scan of the cervical spine with his earlier report of February 9, 2015 to the effect that prior x-rays of the cervical spine dated October 20, 2014 demonstrated what appeared to be a bony union. The attending provider did not elaborate on the extent of the applicant's residual symptoms (if any) on office visit of June 22, 2015 or April 27, 2015. Therefore, the request was not medically necessary.