

<b>Case Number:</b>	CM15-0143084		
<b>Date Assigned:</b>	08/04/2015	<b>Date of Injury:</b>	07/25/2011
<b>Decision Date:</b>	09/01/2015	<b>UR Denial Date:</b>	06/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2015

### 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: Arizona, California

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 56 year old male, who sustained an industrial injury on 7-25-11. He reported pain in the lower back, bilateral lower extremities, neck and right upper extremity. The injured worker was diagnosed as having cervical fusion and cervical disc disorder with myelopathy. Treatment to date has included physical therapy, acupuncture and Tramadol. As of the PR2 dated 6-22-15, the injured worker reports pain in the lower back, bilateral lower extremities, neck and right upper extremity. He rates his pain an 8 out of 10. Objective findings include cervical flexion 30 degrees, extension 10 degrees and rotation 20 degrees bilaterally. The treating physician requested an outpatient CT scan of the cervical spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CT (computed tomography) Scan, Cervical Spine, as outpatient: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck & Upper Back (Acute & Chronic) - Computed tomography (CT) scan.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

**Decision rationale:** According to the ACOEM guidelines, a CT of the cervical spine is not recommended in the absence of any red flag symptoms. It is recommended to evaluate red-flag diagnoses including tumor, infection, fracture or acute neurological findings. It is recommended for nerve root compromise in preparation for surgery. There were no red flag symptoms. There was no plan for surgery. The request for a CT of the cervical spine is not medically necessary.