

<b>Case Number:</b>	CM15-0182218		
<b>Date Assigned:</b>	09/23/2015	<b>Date of Injury:</b>	03/26/2012
<b>Decision Date:</b>	10/27/2015	<b>UR Denial Date:</b>	08/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 female, who sustained an industrial injury on 3-26-2012. A review of the medical records indicates that the injured worker is undergoing treatment for central canal stenosis, cervical myelopathy, and cervical herniated disc C5-C6 and C6-C7. On 7-20-2015, the injured worker reported 7 out of 10 neck pain. The Treating Physician's report dated 7-20-2015, noted the injured worker underwent C3-C7 anterior cervical discectomy and fusion (ACDF) surgery on February 4, 2014, with continued pain. The physical examination was noted to show tenderness to palpation throughout the neck and upper trapezius region, with range of motion (ROM) of the cervical spine within functional limits in all directions, however increasing neck, cervical, and bilateral cervical paraspinal pain was noted with all cervical spine range of motion (ROM). Decreased sensation on the right upper extremity C5-C6 distribution was noted compared to the left. The Physician noted a new cervical spine MRI scan showed no compressive lesions, being fully decompressed with the fusion appearing stable. The injured worker was noted to have continued severe neck pain with the Physician noting a request for a new cervical CT scan to verify that the fusion was intact and solidly fused. The injured worker was noted to remain on temporary totally disability for three months. The request for authorization dated 8-11-2015, requested a cervical spine CT scan. The Utilization Review (UR) dated 8-28-2015, non-certified the request for a cervical spine CT scan.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical spine CT scan:** 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 and Upper Back Chapter, CT.

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

**Decision rationale:** The claimant sustained a work injury in March 2012 and underwent a multilevel anterior cervical decompression and fusion in February 2014. An x-ray of the cervical spine with AP and lateral views on 05/11/15 was unchanged from a prior scan in March 2015 with stable and expected post-operative findings. When seen, she had neck pain rated at 7/10. There was tenderness throughout the neck and upper trapezius region. There was functional cervical range of motion but with pain. There was decreased right upper extremity sensation. Spurling's testing was positive on the right side. A CT scan of the cervical spine was requested. A CT scan of the cervical spine can be recommended after obtaining plain x-rays which do not confirm a successful fusion. In this case, there is no acute injury and plain film x-rays show expected findings after an anterior cervical decompression and fusion. Flexion / extension views could be obtained for further evaluation. The requested CT scan is not medically necessary.