

<b>Case Number:</b>	CM15-0185282		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	01/12/2010
<b>Decision Date:</b>	11/02/2015	<b>UR Denial Date:</b>	09/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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: California  
 Certification(s)/Specialty: Emergency 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 injured worker is a 47 year old female, who sustained an industrial injury on 1-12-2010. The injured worker was being treated for a healing cervical fusion. On 9-2-2015, the injured worker reported she had undergone a recent qualified medical examination and the qualified medical evaluator expressed concern about her delayed union and healing. The objective findings (9-9-2015) revealed very guarded neck motion and moderate pain at the extremes of motion. There were normal motor and sensory exams of the upper extremities. The biceps, triceps, and brachioradialis reflexes were 0-1+. Per the treating physician (9-9-2015 report), the injured worker's roentgenograms revealed an early pseudoarthrosis or incomplete healing. In addition, the treating physician noted the injured worker was 10 months post procedure and she had a history of prior failure of bone healing. Surgeries to date have included anterior cervical discectomy and fusion at the C6-7 (cervical 6-7) level in 2011 and regarding-do anterior cervical discectomy and fusion at the C6-7 level on 11-10-2014. Treatment has included activity modifications, temporary total disability, a home exercise program, and medications including pain (Tramadol, Norco) anti-epilepsy (Gabapentin), and non-steroidal anti-inflammatory (Mobic). On 9-4-2015, the requested treatments included a CT scan cervical spine with sagittal reconstruction views. On 9-14-2015, the original utilization review non-certified a request for a CT scan cervical spine with sagittal reconstruction views.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CT Scan cervical spine with sagittal recon views:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

**Decision rationale:** The requested CT scan cervical spine with sagittal recon views is not medically necessary. CA MTUS, ACOEM 2nd Edition, 2004, Chapter 8, Neck and Upper Back Complaints, Special Studies and Diagnostic and Therapeutic. Considerations, Pages 178-179, recommend imaging studies of the cervical spine with "Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option". The injured worker was being treated for a healing cervical fusion. On 9-2-2015, the injured worker reported she had undergone a recent qualified medical examination and the qualified medical evaluator expressed concern about her delayed union and healing. The objective findings (9-9-2015) revealed very guarded neck motion and moderate pain at the extremes of motion. There were normal motor and sensory exams of the upper extremities. The biceps, triceps, and brachioradialis reflexes were 0-1+. Per the treating physician (9-9-2015 report), the injured worker's roentgenograms revealed an early pseudoarthrosis or incomplete healing. In addition, the treating physician noted the injured worker was 10 months post procedure and she had a history of prior failure of bone healing. A cervical MRI has been approved and the treating physician has not adequately documented the medical necessity for an additional imaging study. The criteria noted above not having been met, CT scan cervical spine with sagittal recon views is not medically necessary.