

<b>Case Number:</b>	CM15-0214455		
<b>Date Assigned:</b>	11/04/2015	<b>Date of Injury:</b>	03/26/2012
<b>Decision Date:</b>	12/15/2015	<b>UR Denial Date:</b>	10/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 57-year-old female who sustained an industrial injury on 3-26-2012 and has been treated for cervical and lumbar spine pain, and bilateral shoulder, right hand and left ankle pain. Diagnoses related to this request include multilevel cervical disc herniation and left upper extremity radiculopathy. Diagnostic MRI performed 2-19-2015 showed normal postoperative alignment, mild facet hypertrophy C3-4 and C6-7 and minimal neural foraminal stenosis at C6-7. On 9-28-2015 the injured worker reported cervical spine and left shoulder pain with a VAS rating of 7-8 out of 10 noted to be unchanged from previous visit. Objective findings include tenderness to palpation of the cervical spine with full extension and flexion. Documented treatment includes cervical discectomy and fusion at C3-7 on 2-4-2014; and, Norco and Naproxen stated as "helping." The notes provided did not reveal any other treatments. In the note dated 5-11-2015 the physician states that the injured worker has "continued severe neck pain" and they were ordering a CT scan to verify that the fusion was "intact and solidly fused." The treating physician's plan of care includes a request for authorization submitted 10-12-2015 for a CT scan of the neck without dye. This was non-certified on 10-20-2015. She is presently not working.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CT scan of the cervical spine without contrast:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cervical and thoracic spine disorders, CR Harris J, Occupational medicine practice guidelines, 2nd edition (2004) p 181-183.

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck section, Computed tomography (CT) scan.

**Decision rationale:** Pursuant to the Official Disability Guidelines, computed tomography to the cervical spine without contrast is not medically necessary. Patients were alert, have never lost consciousness, are not under the influence of alcohol and/or drugs, have no distracting injuries, have no cervical tenderness, have no neurologic findings do not need imaging. These patients should have a three view cervical radiographic series followed by computed tomography in determining whether or not the injured worker as ligamentous instability, and MRI is the procedure of choice. Indications for CT imaging include suspected cervical spine trauma, alert, cervical tenderness, paresthesias in the hands or feet; unconscious; impaired sensorium; known cervical spine trauma with severe pain, normal plain x-rays, no neurologic deficit, equivocal or positive x-rays, equivocal or positive x-rays with neurologic deficit. In this case, the injured worker's working diagnoses are multilevel cervical disc herniation; multilevel cervical fusion C3 - C7; left upper extremity radiculopathy; left shoulder strain; chronic lumbar strain; and left ankle sprain. Date of injury is March 26, 2012. Request for authorization is October 8, 2015. The injured worker's status post ACDF C-3 - C7. Injured worker received a post-operative MRI February 19, 2015. The MRI showed normal postoperative alignment. According to a September 24, 2015 progress note, the injured worker has ongoing cervical spine and left shoulder pain 8/10 (unchanged from the prior visits). There is low back pain and left ankle pain. Objectively, there was tenderness, full extension and flexion, decreased bilateral rotation with an intact neurologic evaluation. There are no unequivocal neurologic objective findings on examination. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no unequivocal neurologic objective abnormalities on physical examination and a postoperative MRI dated February 19th 2015 that showed normal postoperative alignment, computed tomography to the cervical spine without contrast is not medically necessary.