

<b>Case Number:</b>	CM14-0120368		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	03/13/2011
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	07/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 67-year-old male who reported an injury on 03/13/2011, caused by an unspecified mechanism. The injured worker's treatment history included oxycodone, steroid injections, surgery, and a CT scan of the cervical spine. On 05/06/2013 the injured worker underwent a CT of the cervical spine that revealed cervical fusion at C4 through C7. Linear transverse lucency through the disc spacing devices at C4-5 and C6-7 were unchanged, and they represented breakage or postsurgical change. There was no significant change in alignment or appearance of the surgically fused cervical spine since 02/26/2013. The CT scan of the cervical spine dated 10/25/2013 revealed new mild grade 1 spondylolisthesis of C3 over C4. There were pedicle screws placed bilaterally at C4, C5, C6, and C7, with an orthopedic rod connecting them dorsally. There was stable anterior fusion from C4 to C7. The injured worker was evaluated on 06/10/2014, and it is documented the injured worker complained of neck pain and headaches with pain rated at 7/10 on the pain scale. The injured worker was 5 feet and 6 inches tall, and weight 132 pounds. The total body mass index was 21.3. There was no physical examination performed. Diagnoses included cervical spondylosis with myelopathy. The Request for Authorization was not submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Computed Tomography (CT) Cervical Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Neck and Upper Back

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**Decision rationale:** The request for Computed Tomography (CT) of Cervical Spine is not medically necessary. ACOEM guidelines recommend imaging studies when physiologic evidence identifies specific nerve compromise on the neurologic examination. If physiologic evidence indicates tissue insult or nerve impairment, consider a discussion with a consultant regarding next steps, including the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, compute tomography [CT] for bony structures). Additional studies may be considered to further define problem areas. The recent evidence indicates cervical disk annular tears may be missed on MRIs. The clinical significance of such a finding is unclear, as it may not correlate temporally or anatomically with symptoms. There is a lack of objective findings identifying specific nerve compromise to warrant the use of imaging. The documentation provided the rationale for the request for a CT of the cervical spine. The injured worker has had multiple CT reports provided, dated 05/06/2013 and 10/25/2013. As such, the request for Computed Tomography (CT) of the cervical spine is not medically necessary.