

<b>Case Number:</b>	CM14-0216897		
<b>Date Assigned:</b>	01/06/2015	<b>Date of Injury:</b>	10/18/2007
<b>Decision Date:</b>	03/04/2015	<b>UR Denial Date:</b>	12/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/26/2014

### 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. 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: Physical Medicine & Rehabilitation

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 69 year male worker who fell from approximately 5 feet injuring his head right shoulder, neck and back. The date of injury was October 18, 2007. Diagnoses include chronic cervical spine pain, cervical fusion, right shoulder pain and status post rotator cuff repair and revision. On July 29, 2013, a CT of the cervical spine showed solid C5-6 fusion. On August 6, 2014, an x-ray of the cervical spine was stable. In progress report dated October 6, 2014, the injured worker complained of chronic neck pain rating it an 8 on a 1-10 pain scale. The pain was described as a constant, aching pain of variable severity depending on activity. When the pain is severe, he experiences pressure-like headaches at the base of his skull radiating outwards. He also complained of neck stiffness and right shoulder pain. Physical examination revealed mild to moderate tenderness to palpation along the cervical paraspinal muscles. Upper extremity deep tendon reflexes were depressed bilaterally. Flexion and abduction were limited in the right shoulder. Medication was noted to be helpful with alleviating some of the pain. He also received cervical epidural steroid injections and nerve blocks but there was no relief of the pain. A request was made for a cervical CT scan. On December 9, 2014, utilization review denied the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical CT Scan:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG - TWC index updated 11/21/14, indications for imaging-computed tomography

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

**Decision rationale:** The patient presents with chronic neck pain rated 08/10 on the VAS. The request is for CERVICAL CT SCAN. Patient is status-post cervical spine surgery on 07/06/10 and shoulder surgery on 11/11/10. Physical examination to the cervical paraspinal muscles on 10/06/14 revealed mild to moderate tenderness to palpation. Per progress report dated 08/06/14, cervical range of motion was reduced about 25%. Previous CT scans on 09/15/11 and 07/29/13 revealed C-spine-probable solid fusion C5/6 and diffuse spondylosis. The reports do not reflect whether or not the patient is working. ODG Guidelines, Low Back - Neck and Upper Back (Acute & Chronic), chapter, CT (computed tomography) state that "for the evaluation of the patient with chronic neck pain, plain radiographs (3-view: anteroposterior, lateral, open mouth) should be the initial study performed. Patients with normal radiographs and neurologic signs or symptoms should undergo magnetic resonance imaging. If there is a contraindication to the magnetic resonance examination such as a cardiac pacemaker or severe claustrophobia, computed tomography myelography, preferably using spiral technology and multiplanar reconstruction is recommended." In this case, the patient suffers from chronic cervical spine pain. Per progress report dated 10/06/14, treater is requesting a CT to evaluate for any new or worsening structural abnormalities causing patient's increase in neck pain. There are no documentations of plain radiographs and no evidence of neurological deficits either. There is no discussion regarding a new injury or a significant change in the patient's clinical presentation to warrant a CT scan. Therefore, the request IS NOT medically necessary.