

<b>Case Number:</b>	CM15-0019298		
<b>Date Assigned:</b>	02/09/2015	<b>Date of Injury:</b>	05/28/2008
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	12/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2015

### 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: 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:

The injured worker is a 59 year old male, who sustained an industrial injury on 5/28/2008. On 2/3/15, the injured worker submitted an application for IMR for review of CT Cervical Spine Non-Contrast with 3D Reconstruction. The treating provider has reported on 2/17/15, the injured worker complained of numbness and tingling in both hands with neck rotation. It is also noted in this documentation the injured worker does have a spinal cord stimulator. The diagnoses have included cervical sprain, whiplash-type injury, cervical radiculopathy, cervical degenerative disc disease, degenerative joint disease. Treatment to date has included x-ray cervical spine, physical therapy, and gym membership, spinal cord stimulator, CT Lumbar Scan (5/14/14), facet nerve blocks (8/8/14). On 12/30/14 Utilization Review non-certified CT Cervical Spine Non-Contrast with 3D Reconstruction. The ACOEM Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CT Cervical Spine Non-Contrast with 3D Reconstruction:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck, CT (Computed Tomography)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official disability guidelines Neck & Upper Back Chapter, under Computed tomography (CT)

**Decision rationale:** Based on the 02/17/15 progress report provided by treating physician, the patient presents with neck pain rated 2-7/10 and numbness, tingling in both hands. The request is for CT CERVICAL SPINE NON-CONTRAST WITH 3D RECONSTRUCTION. Patient's diagnosis on 02/17/15 included cervical sprain, whiplash type injury when struck on jaw; and cervical radiculopathy and probable cervical degenerative disc disease/ degenerative joint disease. No gross myelopathic symptoms at this time. The patient has a spinal cord stimulator and does pool exercises that help with pain. Per progress report dated 01/08/15, patient is available for work with extensive restrictions and apparently is retired. ODG, Neck & Upper Back Chapter, under Computed tomography (CT) states, "Not recommended except for indications below. Patients who are alert, have never lost consciousness, are not under the influence of alcohol and/or drugs, have no distracting injuries, have no cervical tenderness, and have no neurologic findings, do not need imaging. Patients who do not fall into this category should have a three-view cervical radiographic series followed by computed tomography (CT). In determining whether or not the patient has ligamentous instability, magnetic resonance imaging (MRI) is the procedure of choice, but MRI should be reserved for patients who have clear-cut neurologic findings and those suspected of ligamentous instability. (Anderson, 2000) Indications for imaging -- CT (computed tomography):- Suspected cervical spine trauma, alert, cervical tenderness, paresthesias in hands or feet- Suspected cervical spine trauma, unconscious- Suspected cervical spine trauma, impaired sensorium (including alcohol and/or drugs)- Known cervical spine trauma: severe pain, normal plain films, no neurological deficit- Known cervical spine trauma: equivocal or positive plain films, no neurological deficit- Known cervical spine trauma: equivocal or positive plain films with neurological deficit" MTUS/ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12 'Low Back Complaints' under Special Studies and Diagnostic and Treatment Considerations, pg 303-305 states "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." Per progress report dated 02/17/15, treater states "Xrays done show straightening of his cervical spine and narrowing at multiple levels including C5,6. CAT scan is recommended for additional images and will be requested. He has a spinal cord stimulator and we need to evaluate for canal stenosis." UR letter dated 12/30/14 states "...there are no red flags documented and no surgery is planned. No progressive neurologic findings are cited. A prior consultant noted CT noted extensive osteophytic changes in neck. Cervical MRI is not possible due to SCS implantation for low back pain..." Reference regarding CT per UR letter does not indicate date of study. Per diagnosis, patient presents with whiplash type injury when struck on jaw, which indicates suspected cervical spine trauma, and has paresthesias in hands. Physical examination on 12/17/14 revealed patient is alert, and has tenderness to "left neck and right cervical paravertebral muscles, increasing with cervical rotation with pain into the left lateral neck and shoulder blade, equivocal for arm radiation with gentle exam." Per progress report dated 12/19/14, treater plans "MBB and radiofrequency ablations, or epidurals as may be appropriate." It would appear that the patient has had a prior CT although the treater does not discuss it. The patient does not present with a trauma, new injury and there is no surgical planning to warrant an

updated CT scan. No neurologic deficits are noted on examination and no progressive deficits to warrant another set of imaging. The request IS NOT medically necessary.