

<b>Case Number:</b>	CM15-0173221		
<b>Date Assigned:</b>	09/15/2015	<b>Date of Injury:</b>	03/04/2011
<b>Decision Date:</b>	10/14/2015	<b>UR Denial Date:</b>	08/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2015

### 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: North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 39 year old female, who sustained an industrial-work injury on 3-4-11. A review of the medical records indicates that the injured worker is undergoing treatment for cervical degenerative disc disease (DDD), cervical radiculopathy, post-cervical laminectomy syndrome, cervical stenosis and cervical spondylosis. Medical records dated (1-7-15 to 8-13-15) indicate that the injured worker complains of neck pain and right upper extremity pain that radiates from the neck to the bilateral arms with numbness to the bilateral hands. The pain is rated 8-9 out of 10 without use of medications and 4-7 out of 10 with use of medications. The medical records also indicate worsening of the activities of daily living due to pain and burning sensation down the right arm. Per the treating physician report dated 8-12-15 the injured worker is permanent and stationary work status. The physical exam dated 7-27-15 reveals that the cervical range of motion allows for flexion and extension of 45 degrees, and rotation of 45 degrees to the right and 80 degrees to the left. The neurological exam of the upper extremities reveals weakness of the right triceps. The right shoulder is mildly painful with abduction and there is pain in the right forearm and elbow. Treatment to date has included pain medication, diagnostics, cervical surgery 3-4-11, physical therapy, 2 right shoulder injections, 2 cervical injections, splinting, physical therapy (unknown amount) and other modalities. The X-Rays of the cervical spine dated 7-27-15 the physician indicates that "there are seven cervical vertebrae with syntheses C5-6 total disc replacement which looks to have spontaneously fused with persistent foraminal stenosis particularly on the right. There is mild to moderate disc degeneration." The physician indicates that a cervical Magnetic Resonance Imaging (MRI) dated

6-23-11 shows "fusion across C5-6 and no apparent complication and no significant stenosis." The medical record dated 7-27-15 the physician indicates that "a follow up cervical Magnetic Resonance Imaging (MRI) should be done to assess the stenosis above and below the fusion and a cervical computerized axial tomography (CT scan) should be done to determine whether or not that she has gone on to spontaneously fuse the C5-6 disc space as the X-rays suggest today." The original Utilization review dated 8-20-15 non-certified a request for computerized axial tomography (CT scan) of the cervical spine without contrast as repeat computerized axial tomography (CT scan) scan is not recommended and should be reserved for significant change in symptoms or findings suggestive of pathology, also the results of the cervical Magnetic Resonance Imaging (MRI) should be considered first, therefore medical necessity not established per the guidelines.

### **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:** Decision based on MTUS Neck and Upper Back Complaints 2004.

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

**Decision rationale:** The ACOEM chapter on neck and upper back complaints and special diagnostic studies states: Criteria for ordering imaging studies are: Emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, clarification of the anatomy prior to an invasive procedure. The provided progress notes fails to show any documentation of indications for imaging studies of the neck as outlined above per the ACOEM. There was no emergence of red flag. The neck pain was characterized as unchanged. The physical exam noted no evidence of new tissue insult or neurologic dysfunction. There is no planned invasive procedure. Therefore, criteria have not been met for imaging of the cervical spine and the request is not medically necessary.