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| <b>Case Number:</b>   | CM15-0176028 |                              |            |
| <b>Date Assigned:</b> | 09/17/2015   | <b>Date of Injury:</b>       | 01/20/2009 |
| <b>Decision Date:</b> | 10/19/2015   | <b>UR Denial Date:</b>       | 08/22/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/08/2015 |

### 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:

This is a 45-year-old female with a date of injury of January 20, 2009. A review of the medical records indicates that the injured worker is undergoing treatment for chronic neck pain and migraine-type headaches. Medical records dated June 15, 2015 indicate that the injured worker complains of neck pain, headaches, and left upper extremity weakness. A progress note dated July 13, 2015 notes subjective complaints of ongoing neck pain with radicular symptoms, especially on the left upper extremity. Per the treating physician (July 13, 2015), the employee has work restrictions including no heavy lifting, no frequent bending or stooping, and no prolonged standing or walking. The physical exam dated June 15, 2015 reveals some weakness in the left grip compared to the right. The progress note dated July 13, 2015 documented a physical examination that showed "No significant change". Treatment has included medications (Ultracet, Relafen, and Imitrex since at least April of 2015; Prozac since at least June of 2015), cervical spine fusion, and magnetic resonance imaging of the cervical spine (May 5, 2014) that showed the cervical fusion with some disc bulging at the C3 through C6 levels. The treating physician noted an Addendum on August 3, 2015, stating that an updated computed tomography scan was recommended by a spine surgeon. The original utilization review (August 22, 2015) non-certified a request for an updated computed tomography scan of the cervical spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Updated cervical CAT scan with and without contrast:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (Neck/Upper Back Chapter) indications for CT.

**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 a MRI of the neck and the request is not medically necessary.