

<b>Case Number:</b>	CM15-0072560		
<b>Date Assigned:</b>	04/22/2015	<b>Date of Injury:</b>	08/29/2013
<b>Decision Date:</b>	05/28/2015	<b>UR Denial Date:</b>	03/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/16/2015

### 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: New York, Tennessee

Certification(s)/Specialty: Emergency Medicine

### 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 52-year-old male, who sustained an industrial injury on 08/29/2013. The initial complaints or symptoms included low back pain. The initial diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications, conservative therapies, injections, x-rays, MRIs, cervical discectomy with interbody arthrodesis surgery (06/25/2014), and right shoulder surgery. Currently, the injured worker complains of continued neck pain and stiffness with shooting pain and cramping in the left arm, and hoarseness of the voice. The diagnoses include status post right shoulder arthroscopy, subacromial decompression and repair of L-shaped rotator cuff tear (10/07/2014), and compensatory left shoulder impingement. The treatment plan consisted of CT scan of the cervical spine (denied issue), MRI of the cervical spine with and without contrast, electro diagnostic testing, referral to an otolaryngologist, and follow-up.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter, Computed Tomography.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck and Upper back, Computed tomography (CT).

**Decision rationale:** Criteria for ordering imaging studies of the cervical spine 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, or clarification of the anatomy prior to an invasive procedure. Indications for cervical spine CT per ODG are as follows: 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 In this case, the patient had surgery of the cervical spine in June 2014. There has been no documentation or red flags, acute trauma, or significant change in symptoms or findings. There are no criteria for imaging studies. The request is not medically necessary.