

<b>Case Number:</b>	CM15-0079436		
<b>Date Assigned:</b>	04/30/2015	<b>Date of Injury:</b>	10/23/2012
<b>Decision Date:</b>	05/29/2015	<b>UR Denial Date:</b>	04/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2015

### 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: Arizona, California

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 52 year old female sustained an industrial injury on 10/23/12. She subsequently reported neck and back pain. Diagnoses include status-post disc replacement. Treatments to date include nerve conduction, x-ray and MRI testing, TENS, therapy, acupuncture, surgery and prescription pain medications. A prior CT scan in 2012 indicated disc space narrow in in C4-C5, and a microfracture in C5-C6 .An MRI in Dec. 2014 of the cervical spine showed post-surgical changes. The injured worker continues to experience cervical spine pain with numbness and tingling. Upon examination, decreased range of motion was noted. A request for CT scan of the cervical spine was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CT scan of cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

**Decision rationale:** According to the ACOEM guidelines, an MRI of the cervical spine is not recommended in the absence of any red flag symptoms. It is recommended to evaluate red-flag diagnoses including tumor, infection, fracture or acute neurological findings. It is recommended for nerve root compromise in preparation for surgery. There were no red flag symptoms. There was no plan for surgery. Although the radiologist suggested a follow-up CT for better evaluation in the MRI report in Dec 10, 2014, the request for an MRI of the cervical spine is not medically necessary.