

<b>Case Number:</b>	CM15-0094716		
<b>Date Assigned:</b>	05/20/2015	<b>Date of Injury:</b>	10/22/2011
<b>Decision Date:</b>	06/24/2015	<b>UR Denial Date:</b>	04/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2015

### 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 39 year old female, who sustained an industrial injury on 10/22/2011. Diagnoses include thoracic or lumbosacral neuritis or radiculitis, other syndromes affecting cervical region and other joint derangement not elsewhere classified. Treatment to date has included surgical intervention (anterior cervical discectomy and fusion on 6/10/2014), physical therapy and medications including opioids. Per the Primary Treating Physician's Progress Report dated 12/18/2014, the injured worker reported pain on and off to the back of the neck and let shoulder status post C6-7 fusion. Physical examination revealed well healed surgical scar and tenderness to palpation to the back of the spine. Range of motion was restricted and distal reflexes were intact. The plan of care included diagnostics and authorization was requested for computed tomography (CT) 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:

**Cat scan cervical spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) L-spine chapter, CT scan.

**Decision rationale:** The patient was injured on 10/22/11 and presents with cervical spine pain. The request is for a CAT SCAN OF THE CERVICAL SPINE. The RFA is dated 03/31/15 and the patient is to remain off of work until 03/23/15. The patient had a C6-7 anterior cervical discectomy and fusion on 06/10/14. The utilization review letter states that the patient had x-rays of the cervical spine in November 2014 which "revealed good alignment and fusion with intact hardware." Regarding CT scans checking for fusion status, while ODG guidelines does not directly discuss it under C-spine section, it is addressed under L-spine chapter, CT scan section stating, "Evaluate successful fusion if plain x-rays do not confirm fusion." The patient is diagnosed with thoracic or lumbosacral neuritis or radiculitis, other syndromes affecting cervical region, and other joint derangement not elsewhere classified. The 03/23/15 report states that the patient is "nine months post fusion of C6-7, a CT scan is requested to determine whether fusion of the bone has occurred at the C6-7 interspace. This will determine the patient's work status." In this case, the X-rays showed good alignment, fusion with intact hardware. It would appear that X-rays are showing good fusion and ODG does not support CT confirmation in such a situation. There does not appear to be any other reasons to obtain a CT scan. The request IS NOT medically necessary.