

<b>Case Number:</b>	CM14-0145924		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	04/17/2012
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	08/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2014

### 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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 59 year old female who sustained injuries to her neck and low back on 04/17/12. An MRI of the cervical spine performed in February of 2010 revealed at C5-6 and C6-7, posterior disc bulges with mild bilateral neuroforaminal narrowing and a left paracentral osteophyte complex at C4-5 with mild narrowing of the neuroforamen; C3-4, mild bilateral neuroforaminal narrowing. The progress report dated 12/09/13 noted that the injured worker had been receiving physical therapy which has been quite helpful. A progress report dated 05/06/14 reported that the injured worker continued to complain of increased low back pain. The clinical note dated 07/29/14 reported that the injured worker continued to complain of low back pain at 6/10 VAS that radiates to the bilateral lower extremities. The injured worker also has neck pain that radiates into the bilateral upper extremities. Physical examination noted tenderness with muscle spasms in the cervical/lumbar spine; positive straight leg raise bilaterally at 60 degrees; numbness in the 3rd, 4th, and 5th fingers. The injured worker was recommended to continue medications, obtain EMG of the right upper extremity, back brace, epidural steroid injection, and continue with activity modification.

### 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:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 172.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter, Computed Tomography (CT).

**Decision rationale:** The request for a CT scan of the cervical spine is not medically necessary. The previous request was denied on the basis that in this case, the injured worker has pain in the cervical spine which radiates to the bilateral upper extremities with numbness of the 3rd, 4th, and 5th fingers in the right upper extremity on examination. Yet, there was no clear evidence that the injured worker has progressive deficits on the submitted report to warrant the requested CT. In addition, there is no clear rationale provided as to why the injured worker needs additional imaging to address the cervical complaints. There was no report of a new acute injury or exacerbation of previous symptoms. There was no mention that a surgical intervention was anticipated. There were no physical examination findings of decreased motor strength, increased reflex or sensory deficits. There were no additional significant red flags identified. Given this, the request for a CT scan of the cervical spine is not indicated as medically necessary.

**CT scan of the Lumbar spine.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, CT (Computed Tomography).

**Decision rationale:** The request for a CT scan of the lumbar spine is not medically necessary. The previous request was denied on the basis that in this case, the injured worker has radiating pain to the bilateral lower extremities. Yet, the submitted report does not outline significant deficits on examination, as there are no progressive neurological findings of an infection in the lumbar spine to warrant the requested CT scan. With limited findings on examination, the request was not deemed as medically appropriate. There was no report of a new acute injury or exacerbation of previous symptoms. There was no mention that a surgical intervention was anticipated. There were no physical examination findings of decreased motor strength, increased reflex or sensory deficits. There were no additional significant red flags identified. Given this, the request for a CT scan of the lumbar spine is not indicated as medically necessary.