

Case Number:	CM13-0065553		
Date Assigned:	05/02/2014	Date of Injury:	11/03/2010
Decision Date:	06/13/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	12/13/2013

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 Physical Medicine and Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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 patient is a 54 year old female with date of injury 11/30/10. The treating physician report dated 12/10/13 indicates that the patient presents with neck pain 6 months post ACDF C4-C7. The current diagnoses are: 1.ACDF C4-C7 on 4/25/13 2.Cervical radiculopathy 3.HNP of lumbar spine with stenosis 4.Lumbar radiculopathy 5.Possible myelopathy The utilization review report dated 12/6/13 denied the request for x-ray of the cervical spine 2 views based on lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-RAY OF THE CERVICAL SPINE (2 VIEWS): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Occupational Medical Practice Guidelines (OMPG) and Official Disability Guidelines (ODG), Neck and Upper Back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Guidelines For Radiography.

Decision rationale: The patient presents 7 ½ months post 3 level cervical fusion. The current request is for x-ray of cervical spine 2 views. The treating physician 12/10/13 report states, "She is reporting some increased tingling and pins and needles in her hands as well as increased pain in her hand since her last visit. Request for authorization: Two view x-ray cervical spine." The MTUS Guidelines do not address post-surgical x-rays. The (ODG) Official Disability Guidelines regarding cervical x-rays state that they are recommended post-surgery to evaluate status of fusion. The treating physician has documented that the patient is post 3 level fusion and the request is made for two view x-ray of the cervical spine. The request is medically necessary and appropriate.