

Case Number:	CM14-0000997		
Date Assigned:	01/22/2014	Date of Injury:	01/08/2010
Decision Date:	12/02/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/03/2014

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 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 41 years old female with an injury date on 01/08/2010. Based on the 12/04/2013 progress report provided by [REDACTED], the diagnoses are: 1. Cervical spine sprain/strain with degenerative disc disease at C6-C7 with 2 to 3 mm disc protrusion and moderate right neuroforaminal narrowing at C6-C7, 2 mm disc bulge at C5-C6. Persistent cervicogenic headaches, right upper extremity radicular symptoms with evidence of the right C6 and C7 cervical radiculopathy on EMG/NCS on April 19, 2011. 2. Lumbar spine sprain/strain with industrial aggravation of pre-existing grade I spondylolisthesis L5-S1 with bilateral lower extremity radicular symptoms, right worse than left. 3. Bilateral groin pain status post bilateral inguinal hernia repair on September 3, 2010. 4. Evidence of renal impairment by laboratory testing of October 15, 2013. According to this report, the patient complains of "continues to be symptomatic in regard to the neck and low back pain. The pain appears to affect all extremities." Patient reports "several episodes over the last month where the pain was unrelenting and radiated down the right upper extremity with numbness and tingling." The patient also complains of headaches particularly over the posterior portion; pain and numbness affecting the lower extremities; and residual pain at the site of the ilioinguinal hernia repair. Patient's current pain is rated at a 4/10 with medications, without medications pain is a 9/10, and at its best pain is reduce down to a 3/10. "Overall, the patient notes approximately 50% to 60% improvement in pain levels and improvement in function with current medication." Physical exam reveals moderates tenderness at the bilateral cervical/lumbar paraspinal muscles. Range of motion is decreased. Straight leg raise is positive bilaterally. Hypesthesia in both clavicles is noted." The patient continues to await authorization to proceed with update MRIs of the cervical and lumbar spine. "There were no other significant findings noted on this report. The utilization review

denied the request on 12/19/2013. [REDACTED] is the requesting provider, and he provided treatment reports from 02/07/2013 to 01/03/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-RAY OF CERVICAL SPINE 7V WITH LATERAL FLEXION AND EXTENSION:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck chapter, Radiography

Decision rationale: According to the 12/04/2013 report by [REDACTED] this patient presents with "continues to be symptomatic in regard to the neck and low back pain. The pain appears to affect all extremities." The treating physician is requesting X-ray of cervical spine 7 views including flexion and extension but the treating physician's report and request for authorization containing the request is not included in the file. Regarding radiography of the cervical spine, ODG states "Not recommended except for indications below. Patients who are alert, have never lost consciousness, are not under the influence of alcohol and/or drugs, have no distracting injuries, have no cervical tenderness, and have no neurologic findings, do not need imaging." ODG further states indication for x-ray is considered when there cervical spine trauma (a serious bodily injury), neck pain, no neurological deficit, unconscious, impaired sensorium (including alcohol and/or drugs), multiple trauma and/or impaired sensorium, and chronic neck pain (after 3 months conservative treatment), patient younger than 40, no history of trauma. Review of reports indicate the patient's pain is 4/10 with no new neurological exam findings. There is no evidence of prior X-ray of the cervical spine. There are no specific concerns of lost consciousness, multiple trauma and/or impaired sensorium, to consider an X-ray. There is no documentation of spondylolisthesis/lysis to warrant flex/ext views. Furthermore, the patient is "await authorization to proceed with update MRIs of the cervical and lumbar spine." The request is not medically necessary and appropriate.

X-RAY OF THE LUMBAR SPINE 7V WITH LATERAL FLEXION AND EXTENSION:

Overtured

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287.

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 under Radiography

Decision rationale: According to the 12/04/2013 report by [REDACTED] this patient presents with "continues to be symptomatic in regard to the neck and low back pain. The pain appears to affect all extremities."The treating physician is requesting X-rays of lumbar spine 7 views with lateral flexion and extension but the treating physician's report and request for authorization containing the request is not included in the file. The ACOEM does not address flex/ext X-rays. ODG guidelines states, "Not recommended as a primary criteria for range of motion. An inclinometer is the preferred device for obtaining accurate, reproducible measurements. See Range of motion (ROM); Flexibility. For spinal instability, may be a criteria prior to fusion, for example in evaluating symptomatic spondylolisthesis when there is consideration for surgery. See Fusion (spinal)." In this case, the treating physician lists spondylolisthesis as one of the diagnosis and there is no evidence that the patient has had flex/ext X-rays done in the past. The request is reasonable and consistent with the guidelines. The request is medically necessary and appropriate.

X-RAY OF 2V ON BILATERAL SHOULDERS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 196.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder chapter, Radiography

Decision rationale: According to the 12/04/2013 report by [REDACTED] this patient presents with "continues to be symptomatic in regard to the neck and low back pain. The pain appears to affect all extremities."The treating physician is requesting X-ray 2 view of the bilateral shoulders but the treating physician's report and request for authorization containing the request is not included in the file. Regarding radiography of the shoulder, ODG states "Recommended" when there an indication of acute shoulder trauma to rule out fracture or dislocation and questionable bursitis, blood calcium (Ca+)/approximately 3 months duration. Review of reports show no evidence of prior X-ray of the shoulder. There is no indication that the patient has an acute shoulder trauma to rule out fracture, dislocation or questionable bursitis. Exam of the shoulders were not included in the review. Given the lack of documentation, the request is not medically necessary and appropriate.

PSYCHOLOGICAL CONSULTATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, CHAPTER 7, page 127

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Ch:7 page 127: consultation

Decision rationale: According to the 12/04/2013 report by [REDACTED] this patient presents with "continues to be symptomatic in regard to the neck and low back pain. The pain appears to affect

all extremities."The treating physician is requesting psychological consultation but the treating physician's report and request for authorization containing the request is not included in the file. Regarding consultations, ACOEM states that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. In this case, the treating physician does not explain why a Psychological Evaluation is needed. There is no mention of any psychological issues such as anxiety, depression, and how the patient is struggling with chronic pain to benefit from psychological evaluation. The request is not medically necessary and appropriate.