

<b>Case Number:</b>	CM14-0108415		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	10/25/2012
<b>Decision Date:</b>	09/03/2014	<b>UR Denial Date:</b>	06/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/11/2014

### 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 is licensed to practice in Nevada. 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 records presented for review indicate that this 47-year-old male was reportedly injured on October 25, 2012. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated June 30, 2014, indicates that there are ongoing complaints of neck pain radiating to the upper extremities and low back pain radiating to the left leg. The physical examination demonstrated decreased cervical spine range of motion and tenderness along the cervical spine muscles. There was a positive Spurling's test to the left side. Examination of the lumbar spine noted tenderness of the lumbar paraspinal muscles and decreased range of motion. There was a normal upper and lower extremity neurological examination. Diagnostic imaging studies of the cervical spine noted moderate spondylosis at C5-C6 and C6-C7. Previous treatment includes a right knee arthroscopy, epidural steroid injections, physical therapy, and home exercise. A request was made for a lumbar spine flexion/extension x-ray, a cervical traction collar, a lumbar support brace and a cervical spine MRI and was not certified in the pre-authorization process on June 11, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar X-Ray: Flexion and Extension:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 308.

**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 - Lumbar and Thoracic, Flexion/Extension Imaging Studies, Updated July 3, 2014.

**Decision rationale:** According to the Official Disability Guidelines, flexion/extension imaging for spinal instability may be a criteria prior to fusion or for evaluating symptomatic spondylolisthesis when there is a consideration for surgery. According to the most recent progress note dated June 30, 2014, there are no concerning findings on physical examination. Furthermore, the requesting provider on this date indicates that the injured employee has had an MRI of the lumbar spine which does not show any neurological impairment or mention of any spondylolisthesis. Considering this, it is unclear why flexion/extension x-rays of the lumbar spine requested. This request for lumbar spine flexion and extension x-ray views is not medically necessary.

**Cervical Traction Collar:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175.

**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, Traction, Updated August 4, 2014.

**Decision rationale:** According to the Official Disability Guidelines a cervical spine home traction unit is recommended for patients with radicular symptoms in conjunction with a home exercise program. According to the most recent progress note dated June 30, 2014, there are no physical examination findings of a radiculopathy. Considering this, the request for cervical traction collar is not medically necessary.

**Cervical MRI:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178, 182.

**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, Magnetic Resonance Imaging, Updated August 4, 2014.

**Decision rationale:** According to the Official Disability Guidelines, an MRI of the cervical spine is only indicated if there are neurological signs and symptoms present or plain radiographs show bone or disc margin destruction. The available medical record indicates that there are no signs and symptoms of a radiculopathy and plain radiographs do not show bone or disc margin destruction. For these reasons, this request for a cervical spine MRI is not medically necessary.