

<b>Case Number:</b>	CM14-0118917		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	12/18/2010
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	07/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2014

### 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:

This now 37-year-old cook reported R shoulder, neck and head pain after a stack of metal pots fell and struck the back of her head and her cervical spine on 12/18/10. Treatment to date has included medications, multiple chiropractic treatments, and arthroscopic surgery of the right shoulder performed 1/24/13. She has not worked since about 6 months after the injury, and remains quite symptomatic. Her primary provider, a chiropractor, has made multiple referrals to specialists and for imaging. A cervical MRI performed 4/1/14 revealed mild degenerative changes without significant spinal cord or neuroforaminal impingement. Bilateral neurodiagnostic studies performed 5/23/11 were normal. Repeat neurodiagnostic studies on 9/20/12 revealed mild to moderate R carpal tunnel syndrome. The patient's ongoing pain and numbness in her right upper extremity apparently prompted her primary provider to refer her to a neurosurgeon, although he had never documented any physical findings suggestive of radiculopathy. The neurosurgeon evaluated the patient on 5/20/14. He documented symptoms that might be compatible with cervical radiculopathy, but no physical findings which supported the diagnosis. He documented her neck as supple with moderately decreased range of motion, and did not document any focal numbness or weakness. Nevertheless, he recommended a CT of the neck, as well as static and dynamic cervical x-rays, and electrodiagnostic studies of the R upper extremity. He documented no reasons for ordering these studies. By 6/20/14 the primary provider had apparently received the neurosurgeon's report, and made the same three requests. He repeated the requests on 7/3/14. He also did not document any reasons for requesting the studies. Neither his clinical notes nor the notes made by physical therapists in recent months document any physical findings compatible with radiculopathy. The cervical spine static and dynamic x-rays were denied in UR on 6/11/14.

## 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 (Static/Dynamic):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-167. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back section, which in turn refers to Lower Back section, Diagnostic Studies, Flexion and Extension Imaging Studies.

**Decision rationale:** Per the guidelines cited above, concern for red-flag conditions such as fracture, tumor, infection or spinal cord compromise warrant obtaining cervical spine x-rays early in the course of an injury. Although this patient has had pain for years, she has had a recent (4/1/14) MRI, which should have largely eliminated the need for more imaging. Concern for the presence of a red flag condition might be one reason to get additional x-rays. No such concern is documented. Disability Guidelines from the sections cited above provide specific recommendations for the use of flexion/extension x-rays. The neck and upper back section refers to the low back section, which states the following: Flexion and Extension Imaging studies are not recommended as primary criteria for range of motion. An inclinometer is the preferred device for obtaining accurate, reproducible measurements. For spinal instability, they may be criteria prior to fusion, for example in evaluating symptomatic spondylolisthesis when there is consideration for surgery. Neither the neurosurgeon nor the primary provider in this case has documented a need for precise range of motion measurement or a concern about spinal instability/listhesis and a possible need for cervical fusion. There are no other good reasons to order flexion/extension x-rays. Flexion/extension x-rays are not medically necessary based on the lack of any documentation of medical necessity as recommended by the guidelines cited above.