MAXIMUS Federal Services

Case Number:	CM14-0153418		
Date Assigned:	09/23/2014	Date of Injury:	10/31/2012
Decision Date:	10/29/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/19/2014

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 Occupational 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 applicant is a represented [redacted] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of October 31, 2012.Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; unspecified amounts of chiropractic manipulative therapy; unspecified amounts of acupuncture; earlier cervical fusion surgery; and epidural steroid injection therapy. In a Utilization Review Report dated April 20, 2014, the claims administrator denied a request for x-rays of the cervical spine. The applicant's attorney subsequently appealed.X-rays of the cervical spine of August 4, 2014 were reviewed. The report was notable for evidence of interbody fusion hardware at C4-C5 and C5-C6 without evidence of loosening.On a July 17, 2014 progress note, it was alleged that the applicant had alleged multifocal pain complaints, including neck pain, secondary to cumulative trauma at work. Electrodiagnostic testing of the upper extremities was apparently performed and was reportedly negative. The applicant's work status was not provided. On July 12, 2014, the applicant underwent cervical spine x-rays, demonstrating anterior spinal fusion hardware involving C4 through C6, without evidence of loosening. Osteopenia was appreciated. On May 10, 2014, the applicant was placed off of work, on total temporary disability, despite reportedly doing well following an earlier cervical diskectomy and fusion surgery of February 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 X-RAYS-ANTEROPOSTERIOR AND LATERAL, FLEXION, AND EXTENSION VIEW OF THE CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182. Decision based on Non-MTUS Citation American College of Radiology (ACR) Appropriateness Criteria-Clinical Condition: Chronic neck pain.

Decision rationale: The request represents a request for plain film radiographs of the cervical spine following earlier cervical fusion surgery in February 2014. As noted in the MTUS-adopted ACOEM Guidelines in Chapter 8, Table 8-8, page 182, routine usage of radiography of the cervical spine is "not recommended" if red flags are absent. In this case, while there might have been some support for pursuit of cervical radiography, given the applicant's history of earlier cervical fusion surgery, in this case, however, the attending provider did not state what was sought. The attending provider did not state what was suspected. The attending provider did not state how he had interpreted the previous x-rays of the cervical spine performed in June and August 2014, respectively. The attending provider did not state whether or not further cervical fusion surgery was being contemplated. The attending provider did not, in short, provide any compelling rationale for the requested study. Similarly, while the American College of Radiology (ACR) does acknowledge that flexion and extension radiographs have been demonstrated to document instability and/or pseudoarthrosis following earlier cervical fusion surgery, again, the attending provider did not explicitly state that he in fact suspected either a pseudoarthrosis or cervical instability here. Therefore, the request is not medically necessary.