

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0029649 | | |
| Date Assigned: | 05/02/2014 | Date of Injury: | 04/23/2009 |
| Decision Date: | 08/06/2014 | UR Denial Date: | 11/29/2013 |
| Priority: | Standard | Application Received: | 01/23/2014 |

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 patient is a 48-year-old male who has submitted a claim for cervical spondylosis with myelopathy associated with an industrial injury date of April 23, 2009. The medical records from 2013 were reviewed. The patient complained of persistent neck pain mostly on the left, with numbness and tingling down the left arm, and a burning sensation in the forearm and palm. A physical examination of the cervical spine showed limitation of motion; weakness of the left triceps and wrist dorsiflexors; and diminished triceps reflex on the left. Electrodiagnostic studies of the upper extremities performed on October 7, 2013 and results were consistent with chronic left C7 radiculopathy with signs of reinnervation. A cervical spine x-ray was subsequently obtained on October 25, 2013. The anteroposterior (AP) and lateral views demonstrate intact C6-C7 artificial disc prosthesis with unchanged straightening of upper cervical lordosis and unchanged C4-C5 disc space narrowing. The diagnoses were chronic cervical spine disorder status post posterior foraminotomy and anterior disc replacement, and chronic left C7 radiculopathy without any concurrent generalized polyneuropathy. The treatment plan includes requests for cervical spine x-rays. The treatment to date has included oral analgesics, physical therapy, home exercises, cervical epidural steroid injections and cervical spine surgery. The utilization review from November 27, 2013 denied the requests for one (1) x-ray series of the cervical spine (AP, lateral and lateral flexion/extension views) and one (1) x-ray series of the cervical spine (AP and lateral views) - 10/25/13. The reasons for the denials were not made available.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) x-ray series of the cervical spine (anteroposterior (AP), lateral, and later flexion/extension views): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180.

Decision rationale: The MTUS/ACOEM Guidelines indicate that imaging studies are supported when there is emergence of red flag conditions; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; clarification of the anatomy prior to an invasive procedure and definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. In this case, the most recent progress reports did not show progression of symptoms or emergence of red flag conditions. There was also no evidence that the patient has failed treatment. A progress report dated December 20, 2013, noted an improvement in the neurologic examination. There was no clear rationale concerning the need for additional imaging studies. The medical necessity has not been established. Therefore, the request is not medically necessary.

One (1) x-ray series of the cervical spine (anteroposterior (AP) and lateral views) - 10/25/2013: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180.

Decision rationale: The MTUS/ACOEM Guidelines indicate that imaging studies are supported when there is emergence of red flag conditions; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; clarification of the anatomy prior to an invasive procedure and definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. In this case, a cervical x-ray is warranted due to persistence of post-operative left upper extremity symptoms with physical examination and electrodiagnostic study findings consistent with left C7 radiculopathy. The guideline recommends imaging studies for clarification of anatomy when there are definitive neurologic findings on physical examination and electrodiagnostic studies. The medical necessity was established. Therefore, the request is medically necessary.

