

<b>Case Number:</b>	CM14-0068139		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	09/03/1997
<b>Decision Date:</b>	08/11/2014	<b>UR Denial Date:</b>	04/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2014

### 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, 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 57-year-old female with date of injury of 09/03/1997. The listed diagnoses dated 04/10/2014, are: Cervical spondylosis., Degeneration of the cervical disk., Post-laminectomy syndrome of the cervical region., Cervicalgia., Cervical radiculitis., Carpal tunnel syndrome., Myalgia., and Anxiety. According to this report, the patient complains of neck pain. Since her last visit, the patient reports that she slipped down the stairs and landed on her tailbone and elbows. She continues to have really painful tailbone, but elbows are resolving. This fall also aggravated her neck and upper thoracic spine around her scar and just below. She has pain with flexion of her neck and noted particularly painful spot over the C7 bone. She notes that when she lays on the left side, the right hand goes numb. The patient reports that her neck pain is worse since her last visit. She describes it as sharp, stabbing, heavy, gnawing, prickling. The treater references that the patient underwent a medial branch block on C6, C7, T1, T2 on 12/12/2013 with reports of 50% relief. The physical exam shows the cervical curvature is straightened. There was a 2+ spasm and there is paraspinal tenderness present. The C7 spinous process is tender just below the scar in the upper thoracic region. Sensation is normal to light touch, and muscle strength testing is 5/5 in both upper extremities upon testing. Phalen's sign is positive on the right. The utilization review denied the request on 04/23/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**X-ray exam of thoracic spine, as an outpatient between 4/18/2014 and 5/30/2014:**  
Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 303.

**Decision rationale:** This patient presents with chronic neck and back pain. The treater is requesting an x-ray of thoracic spine. The ACOEM guidelines, page 303 to 305, states that lumbar spine x-rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least 6 weeks. However, it may be appropriate when the physician believes it would aid in patient management. Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery as an option. When the neurologic examination is less clear, further physiologic evidence should be obtained before ordering imaging studies. The records do not show any recent or prior x-ray of the thoracic spine. The progress report dated 04/10/2014 notes normal sensation to light touch. Muscle strength testing is 5/5 in both upper extremities. In this case, while the patient does not present with neurologic deficits, the patient recently suffered a fall which aggravated her symptoms. The requested x-ray of the thoracic spine is reasonable to detect possible trauma or pathology. Recommendation is for authorization.