MAXIMUS Federal Services

Case Number:	CM14-0069170		
Date Assigned:	07/14/2014	Date of Injury:	04/06/2011
Decision Date:	09/16/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/14/2014

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 Internal Medicine and is licensed to practice in Arizona. 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 complainant is a 53-year-old female with a date of injury April 6, 2011. She worked as a medical biller for 3 years. She states that she sat at the computer 8 hours a day, developed discomfort in her neck, her right shoulder and then later developed intermittent headaches. The symptoms started in 1998 and continued until she had to stop working April 2011. She has been unable to work since that time and has had a progression of her symptoms. She had a rear end car accident April 2013 which she stated flared her neck pain. No neck X-rays are in the chart and the patient states she had minimal evaluations. An April 21, 2014 progress note indicated that the patient was reporting right upper extremity numbness, tingling, and weakness. Her exam revealed decreased cervical range of motion, normal strength, hyperreflexia (sensory exam not done). She had an MRI without contrast December 12, 2011 which revealed C4-5 spondylosis as well as a disc protrusion. She additionally had C5-6 spondylosis and a 2 mm retrolisthesis at C5-6. The orthopedic stated he felt she was due for further evaluation, to include a repeat cervical MRI, and flexion/extension cervical x-rays to rule out instability. She has tried various conservative therapies to manage her pain that includes intermittent physical therapy, exercise, trigger points, and recently a cervical epidural which was not helpful. Her medications include Lorzone for muscle spasms, gabapentin (dose unknown) twice a day, Savella (an SNRI) 50 mg twice a day, and Voltaren cream when necessary. The cervical MRI was approved but the x-rays were deemed not medically necessary. The results of the cervical MRI obtained May 9, 2014 revealed a moderate to severe left C5-6 and moderate right foraminal stenosis with mild to moderate central canal stenosis. She additionally had C4-5 mild central canal and bilateral foraminal stenosis.The purpose of this case is to assess if the cervical x-rays (ordered as flexion-extension x-rays in April 2014) are warranted.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-Ray of Cervical Spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back, Radiography.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG Treatment, IntegratedTreatment/Disability Duration Guidelines, Neck and Upper Back,Radiography (x-rays)UpToDate, Clinical features and diagnosis of cervical radiculopathy.

Decision rationale: The ODG lists numerous indications for obtaining cervical x-rays. Some of the applicable indications are as following: Chronic neck pain, after 3 months of conservative treatment, patient younger than 40, no history of trauma, first study Chronic neck pain, patient older than 40, no history of trauma, first study Chronic neck pain, patient older than 40, history of remote trauma, first study Up-to-date discusses indications for cervical films. They are as follows: Plain radiographs Plain radiographs of the cervical spine are rarely diagnostic in the setting of non-traumatic cervical radiculopathy, mainly because radicular symptoms are usually due to impingement of a nerve root by soft tissue, and soft tissue is not well visualized by plain radiographs. Thus, cervical plain films are usually not indicated in the absence of trauma. Cervical plain films remain very important in the management of cervical trauma. In addition, plain films obtained with flexion and extension views of the cervical spine are useful for detecting the subluxation of one vertebral body over another, a condition known as spondylolisthesis. Other routine imaging modalities, such as CT myelography and MRI, image the spine in a neutral position and therefore are not ideal for the detection of spondylolisthesis. For these reasons, flexion and extension plain films are helpful if myelopathy is present and are part of the routine pre-surgical evaluation of spinal stability. This claimant meets the criteria for obtaining cervical x-rays for the following reasons: It seems that she has never had an x-ray, she has had cervical neck pain for years, her MRI did show mild retrolisthesis, and she had a whiplash injury, and currently has radicular symptoms. Her current MRI now shows moderate central canal stenosis, which could explain her symptomatology; but, it is reasonable to rule out instability, of the neck by obtaining flexion/extension cervical x-rays. For these reasons it is deemed medically necessary.