

<b>Case Number:</b>	CM14-0083737		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	11/29/2011
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	06/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2014

### 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 and is licensed to practice in Nevada. 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 records presented for review indicate that this 55 year-old individual was reportedly injured on November 29, 2011. The mechanism of injury is noted as the claimant was lifting a 5 gallon bucket of paint and experienced soreness and pain in the neck. The most recent progress note, dated May 9, 2014, indicates that there are ongoing complaints of mechanical neck pain with radiation to the right upper extremity with associated numbness and weakness. The physical examination demonstrated mild pain with palpation of the mid cervical spine, neck pain with rotation to the right greater than 20, and 4-/5 strength for the right triceps. Diminished sensation of the right forearm in the 1st, 2nd, and 3rd digits is reported. The right triceps reflex is absent. A progress note from March 2014 indicates that the claimant has failed traction, cervical spine, injections, pharmacotherapy, and therapy. Diagnostic imaging studies include an MRI of the cervical spine on March 7, 2014 demonstrates a C6-7 broad-based disc bulge with bilateral paracentral disc marginal osteophyte complex, more prominent on the right with significant foraminal narrowing at C6-7 with mechanical neck pain, as reported by the surgeon. A notation in a progress note from September 10, 2013 indicates that the surgeon's belief that the radiologist interpretation of the MRI in March 2012 was understated. The radiology report is provided, which notes a mild central posterior disc bulge at C6-7 with effacement of the adjacent anterior thecal sac. The neural foramina appear symmetrical and otherwise unremarkable. A repeat MRI due to worsening of symptoms was obtained in March 2014. There is reference in September to request for flexion and extension views of the cervical spine to rule out instability. There is no reference to this study, and a subsequent February and March 2014 progress note.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexation, extension cervical spine X-ray:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines.

**Decision rationale:** The California MTUS and ACOEM guidelines support plain radiographs in patients with subacute or chronic neck pain in select clinical settings when the claimant is not improving. Obtaining x-rays once is generally sufficient (as is stated in the guidelines). This request is for flexion and extension films of the cervical spine to identify instability, which would not be detectable on MRI, or prior standard cervical spine plain films. When considering the claimant's radicular symptomatology and the most recent MRI findings, coupled with worsening of symptoms noted in the September 2013 progress note, initial flexion and extension views of the cervical spine would be within the accepted standard of care for the diagnosis and chronic pain noted in this setting. As such, Flexation, extension cervical spine X-ray is medically necessary.