

Case Number:	CM14-0088426		
Date Assigned:	07/23/2014	Date of Injury:	12/18/2010
Decision Date:	08/27/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/11/2014

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 Pain Management 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:

This injured worker has a date of injury of 12/18/10. A utilization review determination dated 05/29/14 recommends non-certification of x-rays of the cervical spine series and flexion/extension. A medical report dated 05/20/14 identifies neck and right arm pain status post right shoulder surgery. Symptoms of neck pain were investigated by MRI of cervical spine and electrodiagnostic studies of the cervical spine nerve roots in September 2012. The neck pain travels mostly into the right shoulder and down the right arm and also to the left shoulder without going beyond. She also complains of headaches and pain between the shoulder blades. She complains of paresthesia in the same distribution and admits to weakness of the right arm and change in handwriting. Any movements of the neck exacerbate arm and neck pain. On exam, there was limited cervical spine ROM. A MRI of cervical spine 4/1/14 was said to show normal cervical spine lordosis with no visible neurocompressive lesions and minimal left C2-3 foraminal stenosis, but the reviewer noted that he was not able to confirm that. A recommendation included CT of the cervical spine to study the bony neural foramina, x-rays of cervical spine static and dynamic studies, and EMG/NCV of cervical spine nerve roots involving the right side. The CT and EMG/NCV were also not medically necessary on 05/29/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray of the Cervical spine series and flexion-extension: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Neck & upper back ; radiography(x-rays); Flexion/Extension imaging studies.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter, Radiography and Flexion/extension imaging studies sections and Low Back Chapter, Flexion/extension imaging studies.

Decision rationale: Regarding the request for x-ray of the cervical spine series and flexion-extension, California MTUS and ODG support x-rays for various indications including chronic neck pain. Specific to flexion/extension views, ODG notes that they may be utilized prior to consideration for fusion, such as in evaluating symptomatic spondylolisthesis. Within the documentation available for review, the patient has a history of neck pain. She has been evaluated with MRI studies. She recently was seen in initial consultation by a neurosurgeon and cervical spine x-ray series and flexion/extension views were recommended in addition to a CT to evaluate the neural foramen and electrodiagnostic studies to study the nerve roots. While there were symptoms including radiating pain and paresthesia noted, these were not correlated clinically. Given all of the above, while the absence of any clinical findings suggestive of radiculopathy does not support the initial use of studies to evaluate the neural foramens and nerve roots, a condition such as spinal instability could explain the patient's symptoms, and this would be best evaluated with x-rays including flexion/extension views. In light of the above, the currently requested x-ray of the cervical spine series and flexion-extension is medically necessary.