

Case Number:	CM14-0199776		
Date Assigned:	12/10/2014	Date of Injury:	09/16/2014
Decision Date:	01/27/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	12/01/2014

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 Rehab, 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 23-year-old male with a date of injury of 09/16/2014. According to progress report dated 10/28/2014, the patient presents with continued cervical and thoracic spine pain which are equal in intensity. Patient states the pain is sharp and stabbing with some numbness to his shoulder blades. Patient's current medications include ibuprofen 800 mg, Flexeril 10 mg, and hydrocodone 5/325 mg. Examination of the neck revealed spasm, guarding, and loss of lordosis. Rotation is 70 degrees bilaterally with tenderness, flexion is 40 degrees, extension is 40 degrees, and abduction is 20 to 30 degrees with guarding tenderness and loss of lordosis. Sensory is normal except for the right 6 x 8 cm area in the C7, C8, and T1 region. Review of diagnostics/imaging noted the patient had an MRI on 10/01/2014 which showed displaced spinous process fracture of T1. There is an x-ray of the cervical spine from 09/22/2014 showed loss of lordosis, cervical straightening consistent with spasm and mild interspace height loss at C5-C6. The listed diagnoses are: 1. Industrial T1 spinous process fracture (displaced), rule out pedicle involvement for possible instability. 2. Persistent right superficial C8-T1 sensory loss, superficial versus dermatomal. 3. Rule out cervical spine injury, possible cervical disk prolapse bulge secondary to industrial injury. 4. Employer required heavy lifting with no accommodation. Treatment plan is for trigger injections, cervical MRI to rule out cervical disk injury, CT scan of thoracic spine to determine persistent fracture, and 5 view flexion and extension x-ray of the cervical spine to view for improvement in cervical spasm and loss of lordosis. The utilization review denied the request on 11/14/2014. Treatment reports from 10/01/2014 through 10/28/2014 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray 5 view Cervical Spine Flexion and Extension: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177,178.

Decision rationale: This patient presents with chronic neck and low back pain. The current request is for x-ray 5-view cervical spine flexion and extension. The treating physician notes that he would like an updated x-ray of the cervical spine to "review for improvement in cervical spasm and loss of lordosis." ACOEM guidelines on special studies for C-spine (p177,178) states radiography of the c-spine is not recommended except for indications including, "emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program, and clarification of the anatomy prior to an invasive procedure." The medical file provided for review indicates that the patient had an x-ray of the neck two months prior, which showed loss of lordosis, cervical straightening consistent with spasm, and mild interspace height loss at C5-C6. The treating physician would like to repeat the x-ray to look for "improvement." In this case, this patient does not present with any red flags, new injury, trauma or neurologic dysfunction to warrant repeat X-rays of the neck. The guidelines do not support routine X-rays. The requested x-ray IS NOT medically necessary.