

Case Number:	CM14-0202422		
Date Assigned:	12/15/2014	Date of Injury:	10/01/2008
Decision Date:	03/10/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/03/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injured worker is a 43-year-old male who reported an injury on 10/01/2008. The mechanism of injury was not provided. On 11/04/2014, the injured worker presented with complaints of persistent neck pain. The injured worker noticed that his arms were numb intermittently, and requires Norco for pain and Valium for spasm. Upon examination, there is mild discomfort noted. A previous cervical MRI performed on 02/03/2014, confirmed anterior cervical fusion, without notation of concern for pseudoarthrosis, as well as an x-ray of the cervical spine dated 09/05/2014, that revealed an anterior fusion at C5-7, and a 4 mm anterior subluxation at C2 and C3, with increase to 5 mm with flexion. There was diminished range of motion in the cervical spine, with mild pain upon palpation posteriorly. There is good strength bilaterally in the upper and lower extremities. The injured worker is status post C5-6 and C6-7 fusion for cervical myeloradiculopathy with possible pseudoarthrosis and chronic neck pain and arm numbness. There is C4-5 and C3-4 degenerative stenosis. Diagnoses were status post cervical spinal fusion, cervical spondylosis with myelopathy, cervical stenosis of spinal canal, and lumbar spondylosis. The provider recommended an x-ray of the cervical spine. There was no rationale provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray, cervical spine AP lateral and odontoid: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The request for an x-ray of the cervical spine, AP, lateral, and odontoid is not medically necessary. The CA MTUS/ACOEM Guidelines state that for most patients presenting with true neck or upper back problems, special studies are not needed unless a 3 to 4 week period of conservative care and observation fails to improve symptoms. The injured worker has persistent neck pain along with intermittent arm numbness. Examination revealed 50% diminished range of motion of the cervical spine. A previous cervical MRI performed on 02/03/2014, confirmed anterior cervical fusion, without notation of concern for pseudoarthrosis, as well as an x-ray of the cervical spine dated 09/05/2014, that revealed an anterior fusion at C5-7, and a 4 mm anterior subluxation at C2 and C3, with increase to 5 mm with flexion. There is no documentation to reflect objective evidence of progressing neurologic deficits to support additional x-rays. There is no evidence of a recent trauma or infection related to the cervical spine. As such, medical necessity has not been established.