

Case Number:	CM14-0207833		
Date Assigned:	12/19/2014	Date of Injury:	08/24/2011
Decision Date:	02/13/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	12/11/2014

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 Rehab, has a subspecialty in Interventional Spine 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:

The patient is a 51 year old female with an injury date of 08/24/11. Per physician's progress report dated 10/15/14, the patient complains of continuous pain in the neck that radiates to upper back, shoulders and arms. It also causes headaches. The neck pain is rated at 8/10 on average. The patient also complains of pain in the low back that radiates to the bilateral lower extremities. The pain is accompanied by numbness, weakness, tingling and burning sensation and is also rated at 8/10. Physical examination reveals tenderness to palpation and spasms in paracervical muscles, paralumbar muscles, medial and lateral scapular borders, and left sciatic notch. Range of motion of the cervical spine is limited in all directions while the range of motion of the lumbar spine is painful and limited on flexion and extension. Spurling's test and Kemp's test are positive bilaterally. There is decreased sensation along the left C5 and C6, and left L5 dermatomal distribution. The patient also suffers from depression, anxiety, stress and sleep problems. She has also been diagnosed with hypertension, hyperlipidemia and diabetes mellitus. In progress report dated 06/10/14, the patient complains of pain in neck, bilateral shoulders, bilateral wrists, lower back, and bilateral knees, rated at 5/10. The patient has a new symptom of right hip buckling and giving away. The patient underwent right shoulder surgery in 2012 and left carpal tunnel release and left shoulder surgery in 2013, as per progress report dated 10/15/14. Medications, as per the same report, include Gascony, Hydrochlorothiazide, Amlodipine, Metoprolol, Cozaar, Dexilant, Metformin, Victoza, Nabumetone, Lidocaine patches, Dorzoiamide, Latanoprost, Tramadol/ Gabapentin ointment, and Flurbiprofen/Cyclobenzaprine ointment. The patient received cortisone injection which provided temporary relief, as per progress report dated 06/10/14. She is also engaged in physical therapy and home exercise regimen, as per the same progress report. The patient is temporarily totally disabled, as per progress report dated 10/15/14. MRI of the

Cervical Spine, 02/11/14, as per progress report dated 10/15/14: - C3-4 and C4-5 broad-based disc osteophyte complex of 1 -2 mm, with flattening of the cord and moderate left to mild right neural foraminal narrowing - At C5-6, 2-3 mm broad-based disc osteophyte complex with flattening of the spinal cord with moderate-to-severe left and mild right neural foraminal narrowing - At C6-7, broad-based disc osteophyte complex with mild neural foraminal narrowing MRI of the Lumbar Spine, 02/11/14, as per progress report dated 10/15/14: - L4-5 and L5-S1 broad-based disc bulges with mild bilateral neural foraminal narrowing MRI of the Right Knee, 08/10/13: - Grade I medial collateral ligament sprain - Small knee joint effusion with fluid extending into suprapatellar bursa Diagnoses, 10/15/14: - Cervical disc syndrome - Cervical radiculopathy - Lumbar disc syndrome - Lumbar radiculopathy - Myospasm The provider is requesting for Radiographic Studies of the lumbar spine in flexion and extension. The utilization review determination being challenged is dated 11/12/14. Treatment reports were provided from 08/10/13 - 10/15/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiographic studies of the lumbar spine in flexion and extension: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); chapter 'Low Back - Lumbar & Thoracic (Acute & Chronic)' and topic 'Flexion/extension imaging studies'.

Decision rationale: The patient presents with continuous pain in neck and lower back that radiates to bilateral upper and lower extremities, as per progress report dated 10/15/14. The request is for Radiographic Studies of the lumbar spine in flexion and extension. The pain is rated at 8/10, as per the same report. ODG guidelines, chapter 'Low Back - Lumbar & Thoracic (Acute & Chronic)' and topic 'Flexion/extension imaging studies', do not recommend Flexion/extension imaging studies for assessing range of motion. The guidelines, however, state that "For spinal instability, may be a criteria prior to fusion, for example in evaluating symptomatic spondylolisthesis when there is consideration for surgery." In this case, the patient suffers from chronic back pain. In progress report dated 10/15/14, the provider requests for radiographic studies of "flexion and extension views of the lumbar spine to assess for instability." The progress reports do not document prior flexion/extension radiographs nor do they discuss any impending surgery. However, the patient does present with symptomatic spondylolisthesis. Flexion/extension radiographs may help plan for future treatment and help the provider make a determination about surgery. The request is medically necessary.