

Case Number:	CM14-0208797		
Date Assigned:	12/22/2014	Date of Injury:	08/24/2011
Decision Date:	02/19/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	12/12/2014

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 is a 51 year old female patient who sustained a work related injury on 8/24/1. Patient sustained the injury from a trip and fall causing the head to strike against a metal cart. The current diagnoses include cervicalgia, lumbago, and rotator cuff syndrome. Per the doctor's note dated 10/15/14, patient has complaints of neck pain radiating to shoulder at 8/10; low back pain radiating to bilateral legs at 8/10. Physical examination of the cervical region revealed tenderness on palpation, muscle spasm, limited range of motion, positive Spurling sign, 4-5/5 strength, diminished sensation in C6-7 dermatome. The current medication lists include Theramine, ibuprofen, Gaviscon, HCTZ, Amlodipine, Metformin, Cozaar, Nabumatone. The patient has had MRI of the lumbar spine that revealed broad-based disc bulges with bilateral neuroforaminal narrowing at L4-S1; cervical MRI on 2/11/14 demonstrated disc bulging at C3-5 with bilateral neuroforaminal narrowing, degenerative changes, neuroforaminal narrowing is also documented at C5-7. The patient's surgical history includes left and right shoulder surgery on 9/20/13; left CTR on 7/13. She had received ESIs in the cervical region for this injury. The patient has received an unspecified number of PT visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Radiographic Studies of the Cervical Spine in Flexion and Extension as an outpatient:
 Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

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 & Upper Back (updated 11/18/14) Flexion And Extension Radiography (x-rays).

Decision rationale: Per the ACOEM chapter 8 guidelines cited below "For most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out. Criteria for ordering imaging studies are:- Emergence of a red flag- Physiologic evidence of tissue insult or neurologic dysfunction- Failure to progress in a strengthening program intended to avoid surgery- Clarification of the anatomy prior to an invasive procedure."The current diagnoses include lumbar facet pain, cervical radicular pain, and cervical spondylosisPer the doctor's note dated 10/15/14, patient has complaints of neck pain radiating to shoulder at 8/10; and physical examination of the cervical region revealed tenderness on palpation, muscle spasm, limited range of motion, positive Spurling sign, 4-5/5 strength, diminished sensation in C6-7 dermatome The patient has had cervical MRI on 2/11/14demonstrated disc bulging at C3-5 with bilateral neuroforaminal narrowing, degenerative changes, neuroforaminal narrowing is also documented at C5-7.She had received ESIs in the cervical region for this injuryCervical spine X-ray in Flexion And Extension views are helpful to determine if there is presence of significant anterolisthesis, retrolisthesis or ligamentary instability. This may not be visible or detectable on the previously done MRICervical spine X-rays in Flexion and Extension viewwere requested to aid in patient management. The request for the 1 Radiographic Studies of the Cervical Spine in Flexion and Extension as an Outpatientis medically necessary and appropriate for this patient at this time.