

<b>Case Number:</b>	CM14-0048623		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	08/26/2011
<b>Decision Date:</b>	04/23/2015	<b>UR Denial Date:</b>	03/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/28/2014

### 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

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:

This 56 year old male sustained a work related injury on 08/26/2011. According to a progress report dated 02/26/2014, the injured worker recently had x-rays of the cervical and lumbar spine at his last visit. Current complaints included increased neck pain, unchanged right shoulder pain and a constantly stiff neck. He was not taking any medications. A seven view x-ray of the cervical spine was taken in the office and the provider noted severe disc space narrowing C4-5, C5-6 with C4-5 neuroforaminal narrowing. A seven-view x-ray of the lumbar spine was taken and the provider noted mild disc space narrowing L1-2. Diagnoses included herniated nucleus pulposus lumbar spine with stenosis, facet arthropathy lumbar spine, grade I anterolisthesis, herniated nucleus pulposus cervical spine, facet arthropathy cervical spine and ongoing shoulder complaints. Treatment plan included authorization of an Interlaminar Epidural Steroid Injection (ILES) to target C5-6 introduced through a C7-T1 catheter, x-rays of the cervical and lumbar spine, follow-up in eight weeks and Voltaren ER and Lido Pro cream. Work status was permanent and stationary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**X-rays of the Cervical and Lumbar Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 303-305, 179.

**Decision rationale:** The 3/04/14 Utilization Review letter states the X-rays of the cervical and lumbar spine requested on the 1/24/14 medical report was denied because during the peer-to-peer call, the physician's office could not find a reason why the x-rays were being requested. The reviewer denied the request pending additional information. According to the 1/24/14 spinal orthopedic report, the patient presents with 9-10/10 neck and back pain. Neck pain has increased. He receives chiropractic care and has had benefit. He takes 2 Norco per day without side effects. Exam reveals limited cervical motion with popping and cracking. The plan was to continued follow-up with the other orthopedist who is managing postop shoulder care. The spinal orthopedist requests x-rays of the cervical and lumbar spine. The 2/7/14 report defers a spinal examination. The 2/26/14 report states the patient completed 20 sessions of chiropractic care that has helped his pain and increased his range of motion in the cervical spine. Despite this, the pain on that visit was reported as 9-10/10, and the complaint is that it is worsening in the neck. The physician reviews a 7-view cervical x-ray taken today, and a 7-view lumbar x-ray taken today. The patient wants to avoid surgery. The plan is for a cervical ESI. MTUS/ACOEM ch12, low back, pg 303-305 in the section for Special Studies and Diagnostic and Treatment Considerations states: Lumbar spine x rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks. MTUS/ACOEM chapter 8, table 8-7 on page 179, states: Cervical radiographs are most appropriate for patients with acute trauma associated with midline vertebral tenderness, head injury, drug or alcohol intoxication, or neurologic compromise. The patient is not reported to have acute trauma, head injury, drug or alcohol intoxication or neurologic compromise. The MTUS/ACOEM guidelines do not recommend lumbar radiographs in the absence of red flags, and do not recommend cervical radiographs for this patient's presentation. The request for X-rays of the cervical and lumbar spine IS NOT medically necessary.