

<b>Case Number:</b>	CM15-0003477		
<b>Date Assigned:</b>	01/14/2015	<b>Date of Injury:</b>	12/08/2004
<b>Decision Date:</b>	03/13/2015	<b>UR Denial Date:</b>	12/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2015

### 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:

The injured worker is a 56 year old female, who sustained an industrial injury on 12/8/2004. She has reported neck and bilateral shoulder pain. The diagnoses have included cervical degenerative disc disease, cervicgia, myofascial pain of neck and back, left TMJ syndrome, and right and left shoulder impingement. . Treatment to date has included multiple surgical interventions on left and right shoulders, cervical fusion with bone graft and instrumentation, physical therapy, acupuncture, therapeutic injections and medication. The IW underwent medial branch blocks to right C3-C5 with relief documented and occipital nerve blocks. Currently, the Injured Worker complains of increased neck and shoulder pain. Magnetic Resonance Imaging (MRI) of cervical spine completed 11/29/11, revealed cervical disectomy and fusion and disc bulge. Physical exam completed 11/ 10/14 documented tenderness through cervical spine and para-spinal regions with muscle spasms noted. Range of Motion (ROM) of cervical spine was moderately to severely reduced in all planes. On 12/24/2014 Utilization Review non-certified cervical x-rays, noting the lack of documentation supporting medical necessity. The MTUS Guidelines were cited. On 1/7/2015, the injured worker submitted an application for IMR for review of cervical spine x-rays.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**X-rays for the cervical spine:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 330. Decision based on Non-MTUS Citation Neck and upper back chapter, radiography

**Decision rationale:** The 56 year old patient presents with neck pain radiating to bilateral shoulders and upper extremities, as per progress report dated 12/12/14. The request is for X-RAYS FOR THE CERVICAL SPINE. There is no RFA for this case and the date of patient's injury is 12/08/04. The patient is status post C5-6 fusion with left iliac crest bone graft and instrumentation date of the procedure is not mentioned as per progress report dated 11/17/14. The patient has also been diagnosed with cervical degenerative disc disease and chronic cervicgia, as per the same progress report. The patient underwent medial branch blocks on right C3, C4 and C5 along with occipital nerve blocks on 05/09/14. The patient also received ESI at C4-5 on 04/19/13. The patient is not working, as per AME report dated 12/10/13. For special diagnostics, ACOEM Guidelines page 330 states "unequivocal objective findings that identifies specific nerve compromise on the neurological examination is sufficient evidence to warrant imaging in patients who did not respond well to treatment and who would consider surgery as an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." Regarding cervical x-rays, ODG states "not recommended except for indications below. Patients who are alert, have never lost consciousness, are not under the influence of alcohol and/or drugs, have no distracting injuries, have no cervical tenderness, and have no neurologic findings, do not need imaging. Patients who do not fall into this category should have a three-view cervical radiographic series followed by computed tomography (CT). In determining whether or not the patient has ligamentous instability, magnetic resonance imaging (MRI) is the procedure of choice, but MRI should be reserved for patients who have clear-cut neurologic findings and those suspected of ligamentous instability. (Anderson, 2000) (ACR, 2002) Initial studies may be warranted only when potentially serious underlying conditions are suspected like fracture or neurologic deficit, cancer, infection or tumor." In this case, the patient has chronic neck pain, and has been diagnosed with cervicgia and cervical degenerative disc disease. The patient is also status post C5-6 fusion with left iliac crest bone graft and instrumentation date of the procedure is not mentioned as per progress report dated 11/17/14. Physical examination, as per progress report dated 11/17/14, reveals tenderness to palpation throughout the cervical spine and bilateral paraspinal muscles along with spasms and reduced range of motion on all planes. The patient underwent MRI of the cervical spine twice on 11/29/11 and 10/01/07 which revealed C4-5 mild anterolisthesis and disc bulging at C6-7 along with evidence of the cervical surgery. The patient has had at least one cervical x-ray in 2005, as per AME report dated 01/22/13. The treater requests of X-rays of the cervical spine along with an MRI in progress report dated 12/12/14. Although a specific reason for this procedure is not documented, the report states that the patient is reporting "increased cervicgia with probable radiculopathy left greater than." ACOEM guidelines allow imaging studies when there is evidence of neurological deficit. Hence, the request appears reasonable and IS medically necessary.