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| <b>Case Number:</b>   | CM15-0005607 |                              |            |
| <b>Date Assigned:</b> | 01/26/2015   | <b>Date of Injury:</b>       | 01/23/2014 |
| <b>Decision Date:</b> | 03/30/2015   | <b>UR Denial Date:</b>       | 01/09/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/12/2015 |

### 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: Orthopedic Surgery

### 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 52 year old female, who sustained an industrial injury on 1/23/2014. The current diagnoses are status post C5-6 anterior cervical discectomy and fusion (12/16/2014). Currently, the injured worker reports improvement in her right shoulder pain. The right hand/thumb pain is gone. Additionally, she reports significant improvement in her left elbow pain. Her average daily pain score is 5/10 and ranges from 2-7/10 with burning sensation along the upper thoracic spine and scapula, aching along the right hand proximal upper extremity, and along the left elbow. The treatment plan includes medication refill, physical therapy, and follow-up in one month. The treating physician is requesting an X-ray of the cervical spine, which is now under review. Radiographs from 11/20/14 demonstrates radiographic mild cervical spondylosis changes. Mild alignment abnormalities are noted. Office visit dated 1/6/15 demonstrates that patient is two weeks post operative status post anterior cervical discectomy and fusion on 12/16/14. Records demonstrate that the prior radiographs postoperative were approved. On 1/9/2015, Utilization Review had non-certified a request for X-ray of the cervical spine. The X-ray was non-certified based on no indication that the approved post-op cervical spine x-rays were performed. Additional post-op imaging beyond what was already approved is not supported without rationale. The Official Disability Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**X-ray of the cervical spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, X-ray

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck, Radiography

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of cervical spine radiographs. According to the ODG, Neck section, Radiography, it is recommended post surgery to evaluate status of fusion. In this case prior radiographs were authorized and the status is not demonstrated from the exam note of 1/6/15. Therefore determination is for non-certification.