

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM15-0008549 |                              |            |
| <b>Date Assigned:</b> | 01/26/2015   | <b>Date of Injury:</b>       | 05/13/2011 |
| <b>Decision Date:</b> | 03/24/2015   | <b>UR Denial Date:</b>       | 01/07/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/15/2015 |

### 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, Sports Medicine

### 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 male who reported an injury on 05/13/2011. The mechanism of injury was not specifically stated. The current diagnosis is cervical radiculopathy. It is also noted that the injured worker is status post cervical spine surgery on 11/04/2014. The injured worker presented on 01/21/2015 with complaints of 6/10 ongoing neck pain. The current medication regimen includes Butrans 20 mcg. Upon examination of the cervical spine, there was restricted flexion to 82 degrees, pain upon range of motion, paravertebral muscle tenderness with hypertonicity, and positive Spurling's maneuver with radiating symptoms into the right upper extremity. There was 4/5 motor weakness on the left with decreased sensation in the right lower and left upper extremities. The injured worker was utilizing a bone growth stimulator 4 hours per day. It was noted that the injured worker was scheduled to followup with the orthopedic surgeon on 01/26/2015. A Request for Authorization Form was not submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical X-Rays for 3rd Post-Op Appointment with 4 Views:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 117-179.

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state for most patients presenting with true neck and upper back problems, special studies are not needed unless a 3 to 4 week period of conservative treatment fails to improve symptoms. According to the documentation provided, the injured worker was pending a followup visit with the orthopedic surgeon. The injured worker was utilizing a bone growth stimulator. Although x-rays are recommended following a fusion, the injured worker has had 2 series of cervical x-rays following the initial procedure. The medical necessity for an additional imaging study has not been established in this case. As such, the request is not medically appropriate at this time.