

Case Number:	CM15-0104993		
Date Assigned:	06/09/2015	Date of Injury:	07/12/2001
Decision Date:	07/10/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/01/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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:

This 54 year old male sustained an industrial injury on 7/12/01. He subsequently reported head, right shoulder and back pain. Diagnoses include lumbar spine degenerative disc disease, lumbar spine disc bulging, thoracic vertebral fracture, thoracic sprain/ sprain, right shoulder impingement and migraine headaches. Treatments to date include x-ray and MRI testing, shoulder surgery, physical therapy and prescription pain medications. The injured worker continues to experience head and thoracic spine pain. Upon examination, lumbar range of motion was diminished. There was moderate tenderness to palpation at the spinous processes of L4-L5 as well as over the left sacroiliac joint space. Sitting straight leg raising test was negative bilaterally. A request for Cervical Spine X-rays with flexion/extension views was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Spine X-rays with flexion/extension views: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG TWC 2015 Online Version.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck section, Cervical spine X-rays.

Decision rationale: Pursuant to the Official Disability Guidelines, cervical spine radiographs with flexion and extension views are medically necessary. Patients were alert, have never lost consciousness, are not under the influence of alcohol and/or drugs, have no distracting injuries, have no cervical tenderness and 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). ACOEM states unequivocal objective findings that identify specific nerve compromise on the neurologic examination or sufficient evidence to warrant imaging in patients not responding to treatment and who would consider surgery an option. The indications for imaging are enumerated in the Official Disability Guidelines. In this case, the injured worker's working diagnoses are headaches, probably musculoskeletal; significant mental status problems; and increased dorsal kyphosis, probably contributing to the patient's headaches. Subjectively, according to a May 7, 2015 (request for authorization dated May 5, 2015) progress note (the sole progress note in the medical record) there is no neck pain, although the injured worker does complain of headaches. Objectively, there is dorsal kyphosis. The request for authorization contains a request for cervical spine x-rays with flexion and extension. Utilization review provider had a peer-to-peer conference call with the treating provider and discussed including flexion and extension used to determine if instability exists. The treating provider and utilization provider agreed to the clinical appropriateness of the cervical spine x-rays with flexion and extension views. Based on the clinical information and medical record with ongoing headaches, cervical kyphosis and a peer-to-peer conference call between the treating provider and utilization review provider, cervical spine radiographs with flexion and extension views are medically necessary.