

Case Number:	CM15-0105502		
Date Assigned:	06/09/2015	Date of Injury:	12/17/2008
Decision Date:	07/14/2015	UR Denial Date:	05/28/2015
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

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 47 year old female, who sustained an industrial injury on 12/17/2008. She reported injury to her neck and low back. According to a progress report dated 05/13/2015, the injured worker was having shoulder pain on the right and occasional neck pain. She was currently taking pain medication and a muscle relaxant at night. She was six weeks status post anterior cervical discectomy and fusion C4-5 and C5-6 on 03/24/2015. A fresh set of fusion assessment films demonstrated satisfactory instrumentation, implant position and alignment. The provider was very pleased with her radiographic results. The impression was noted as satisfactory postoperative course. The injured worker had capsulitis of the right shoulder. She was instructed in range of motion exercises. She was advised to avoid non-steroidal anti-inflammatory medications. She was to continue with her brace and be seen and assessed radiographically again in finality in six weeks. She was temporarily disabled for another six weeks. Currently under review is the request for anterior posterior lateral films cervical spine with every postoperative follow up.

IMR ISSUES, DECISIONS AND RATIONALES

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

AP/lateral films cervical spine with every postoperative follow up: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

Decision rationale: The patient presents on 05/13/15 with unrated right shoulder pain and occasional neck pain. The patient's date of injury is 12/17/08. Patient is status post anterior cervical discectomy and fusion at C4 through C6 levels on 03/24/15. The request is for AP/lateral films cervical spine with every postoperative follow-up. The RFA is dated 05/13/15. Physical examination dated 05/13/15 reveals right shoulder pain on excursion, intact motor/sensory/reflex function. The provider states that he suspects mild capsulitis of the right shoulder. No other physical findings are included. The patient is currently prescribed an unspecified muscle relaxant. Diagnostic imaging included MRI of the cervical spine dated 03/19/14, significant findings include "Severe disc loss height at C5-6 associated with grade 1 retrolisthesis of C5 on C6 and prominent disc-osteophyte complex that flattens the cord and results in cord signal abnormality suggestive significant compression. Severe left and moderate right C5-6, as well as mild left C4-5 neuroforaminal narrowing." Progress note dated 05/13/15 also references in-office radiographs, stating: "A fresh set of fusion assessment films demonstrate satisfactory instrumentation, implant position, and alignment." Patient's current work status is not provided. ODG Neck and Upper Back Chapter, under Radiography has the following: "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. There is little evidence that diagnostic procedures for neck pain without severe trauma or radicular symptoms have validity and utility. Indications for imaging X-rays (AP, lateral, etc.): Post-surgery: evaluate status of fusion." In regard to AP/lateral x-rays to be performed at every postoperative follow-up visit, the request appears excessive. This patient underwent anterior cervical discectomy and fusion at C4 through C6 on 03/24/15, the provider wishes to perform regular radiographs thereafter to re-evaluate the fusion, though does not provide evidence for (or suspicion of) fusion failure. Progress note dated 05/13/15 references a cervical x-ray performed point of care, noting satisfactory instrumentation placement, implant position, and alignment. The provider does not indicate that he suspects any abnormalities in the post-surgical presentation of the patient, does not document any progressive neurological deficit, and does not provide any "red flag" signs, which would justify such regular imaging. While ODG supports radiography to confirm the status of a recent fusion, an unspecified number of repeat radiographs without evidence or suspicion of continuing pathology cannot be substantiated. Therefore, the request is not medically necessary.