MAXIMUS Federal Services

Case Number:	CM15-0107113		
Date Assigned:	06/11/2015	Date of Injury:	03/10/2015
Decision Date:	07/14/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/03/2015

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: Texas, Florida, California
Certification(s)/Specialty: Preventive Medicine, Occupational 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 49 year old male who sustained an industrial injury on 03/10/15. Initial complaints and diagnoses are not available. Treatments to date include medications, physical therapy, and activity modification. Diagnostic studies include a MRI of the cervical spine. Current complaints include neck and upper extremity pain. Current diagnoses include herniated nucleus pulpous of the cervical spine, radiculopathy and radiculitis, and facet syndrome at the cervical spine. In a progress note dated 05/14/15 the treating provider reports the plan of care as flexion/extension x-ray of the cervical spine, additional physical therapy to the cervical spine, and electrodiagnostic studies. The requested treatments include flexion/extension x-ray of the cervical spine and electrodiagnostic studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-Ray Flexion Extension View of the Cervical Spine QTY: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 9th Edition, 2004, Electronic Version, Neck and Upper Back Chapter, Radiographs (X-Rays).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Neck and Back, Flexion and Extension Imaging.

Decision rationale: This claimant was recently injured in March. There has been physical therapy and activity modification. There is still neck and upper extremity pain. The diagnosis is a herniated disc and facet syndrome. There is no description of position symptom changes or instability in the neck that might drive range of motion views on imaging. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined.Regarding flexion and extension imaging studies, the ODG notes they are part of an assessment for spinal instability only. They note: Not recommended as a primary criteria for range of motion. An inclinometer is the preferred device for obtaining accurate, reproducible measurements. See Range of motion (ROM); Flexibility. For spinal instability, may be a criteria prior to fusion, for example in evaluating symptomatic spondylolisthesis when there is consideration for surgery. See Fusion (spinal). Criteria are not met for flexion and extension imaging. Therefore, the requested treatment is not medically necessary.

EMG/NCV of the Bilateral Lower Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004). Chapter 12, page 303.

Decision rationale: This claimant was recently injured in March. There has been physical therapy and activity modification. There is still neck and upper extremity pain. The diagnosis is a herniated disc and facet syndrome. There is no description of position symptom changes.The MTUS ACOEM notes that electrodiagnostic studies may be used when the neurologic examination is unclear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. In this case, there was not a neurologic exam showing equivocal signs that might warrant clarification with electrodiagnostic testing. The request was appropriately non-certified. Therefore, the requested treatment is not medically necessary.