

Case Number:	CM15-0167400		
Date Assigned:	09/08/2015	Date of Injury:	11/23/2012
Decision Date:	10/07/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	08/25/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 38 year old male, who sustained an industrial injury on 11-23-12. The initial complaint was the result of a motor vehicle accident injury his neck and back. The injured worker was diagnosed as having spinal cord compression; cervical intervertebral disc disease with myelopathy; cervicobrachial syndrome; cervicocranial syndrome; cervical spondylosis with myelopathy at C5-6; cervical stenosis at C5-6; cervical spondylosis at C2-3, C3-4, and C4-5; cervical C3-4 and C4-5 instability; degenerative disc disease at L4-5; low back pain; lumbar spondylosis without myelopathy. Treatment to date has included am walker; shoe brace; custom molded orthotic appliance; physical therapy; medications. Diagnostics included MRI cervical spine (11-7-14); MRI lumbar spine (11-7-14). Currently, the PR-2 notes dated 8-12-15 indicate the injured worker presents for a follow-up. He is now 3 months postoperative following a C5-C6 artificial disc replacement surgery. He is a status post cervical C5-C6 total disc arthroplasty done on 5-3-13. An anterior discectomy with bilateral C5-6 anterior foraminotomies; decompression of the spinal cord and bilateral C6 nerve roots; C5-C6 artificial disc replacement-total disk arthroplasty; microscopic decompression; fluoroscopic guidance; intraoperative spinal cord monitoring was completed. He was compliant with his postoperative physical therapy and recently completed 12 visits on 8-5-15 meeting his goals and progressed to a smooth transition back to regular work duties. He denies any pre-operative symptoms and states his lower back feels better. The injured worker inquired with concerns of postoperative device failure especially with the denial of postoperative x-rays before this visit. The physical examination reveals cervical spine range of motion was full in all directions. The anterior left neck incision is healing

well. The bilateral upper extremity manual motor strength testing was 5 out of 5; pinprick sensory examination was normal and symmetrical in bilateral C5-T1 dermatomes. The provider documents that cervical spine x-rays will not be needed again until the 6 month postoperative visit. He will continue with postoperative rehabilitation and progressive work conditioning. He request x-rays on 6-24-15. The provider is requesting authorization of X-ray of cervical spine with standing AP-lateral views.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray of cervical spine with standing AP/lateral views qty 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: According to MTUS guidelines, "For most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly provided any red-flag conditions are ruled out ". X rays imaging is recommended in neck and upper back complaints in case of suspicion of fracture, neurological deficit related to tumor, trauma and infection. In this case, the cervical spine X-ray performed on June 22, 2015 did not identify acute abnormalities and there was no evidence of hardware loosening fracture or failure. There is no clear evidence that the patient developed new symptoms or have red flags pointing toward a cervical spine damage. Therefore, the prescription of x-rays of the cervical spine with standing AP/lateral views is not medically necessary.