

<b>Case Number:</b>	CM15-0197954		
<b>Date Assigned:</b>	10/13/2015	<b>Date of Injury:</b>	07/18/2013
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	09/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2015

### 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 York  
 Certification(s)/Specialty: Anesthesiology

### 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 54 year old male, who sustained an industrial injury on July 18, 2013. He reported cumulative injury secondary to constant twisting and lifting. The injured worker was diagnosed as having left hip post op surgery 05-2014 and lumbar sprain with radiculopathy. Treatment to date has included medications, injection, diagnostic studies and surgery. On September 8, 2015, the injured worker was evaluated for increasing weakness of the right side, spasticity, clonus, spastic gain, multiple falling and loss of bowel or bladder control. Notes stated that he was being taken as an emergency to a hospital. His current pain was rated as a 7-8 on a 1-10 pain scale. He had difficulty with standing and walking. He walked with a spastic gait along with weakness. He noted weakness and clonus of the extremities. The concern was for head injury and spinal cord injury in the absence of neck pain. He was given dexamethasone 4mg intramuscular 1ml to reduce some swelling on route to the emergency room. The treatment plan included emergency evaluation for the head, neck, thoracic, lumbar injury with clonus for spinal cord injury. On September 24, 2015, utilization review denied a request for x-ray of the skull, x-ray of the cervical spine, x-ray of the thoracic spine, x-ray of the lumbar spine and MRI of the thoracic spine (for date of service 09-08-2015). A request for an ER evaluation, MRI of the head, MRI of the cervical spine, MRI of the lumbar spine and IM Dexamethasone injection (for date of service 09-08-2015) was authorized.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request (DOS 9/8/2015) for x-ray of the skull: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers Compensation, X-rays.

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

**Decision rationale:** According to the ODG, x-rays of the skull are recommended if CT scans of the head are not available. CT scanning is preferred if fractures are suspected because the CT scan may identify a clinically significant fracture, as well as, potentially co-existent contusion or hemorrhage. In this case, the patient sustained a fall on 7/18/13 with a reported flexion-type injury of the neck. The patient has been evaluated including emergency room visits with no reported documentation of findings or complaints localized to the skull. Medical necessity for the requested x-ray study was not established. The requested x-ray of the skull was not medically necessary.

**Retrospective request (DOS 9/8/2015) for x-ray of the cervical spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers Compensation, Neck & upper Back Procedure Summary, X-rays.

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

**Decision rationale:** The CA MTUS ACOEM Guidelines indicate that if neck symptoms persist beyond four to six weeks, further evaluation may be indicated. The injured worker has been complaining of neck pain since his injury on 07/18/2013. The criteria for ordering imaging studies are: emergence of a red flag; physiologic evidence of tissue injury or trauma or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; and clarification of the anatomy before an invasive procedure. The guidelines also indicate that "cervical radiographs are most appropriate for patients with acute trauma associated with midline vertebral tenderness, head injury, drug or alcohol intoxication, or neurologic compromise." In this case, the patient sustained a fall on 7/18/13 with a reported flexion-type injury of the neck. The patient has been evaluated including emergency room visits and there is no documentation of any abnormal findings on examination of the cervical spine. Medical necessity for the requested x-ray study was not established. The requested x-ray study was not medically necessary.

**Retrospective request (DOS 9/8/2015) for x-ray of the thoracic spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004.

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

**Decision rationale:** According to the ODG, thoracic spine films are not recommend in absence of red flags for serious spinal pathology, even if the pain persists for greater than 6 weeks. Thoracic spine x-rays are recommended for pain, tenderness, severe trauma, a neurological deficit, sudden onset of myelopathy, myelopathy of infectious disease patient and post-surgical fusion for evaluation. In this case, the patient sustained a fall on 7/18/13 with a reported flexion-type injury of the neck. The patient has been evaluated including emergency room visits and there was no documentation of any abnormal findings on examination of the thoracic spine. Medical necessity for the requested x-ray study was not established. The requested x-ray study was not medically necessary.

**Retrospective request (DOS 9/8/2015) for x-ray of the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers Compensation, Low Back Procedure Summary, Indications for plain X-rays.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) X-Rays, Lumbar Spine.

**Decision rationale:** According to the ODG, x-rays of the lumbar spine are not recommend routine x-rays in the absence of red flags. Lumbar spine radiography should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least 6 weeks. However, some providers feel it "may" be appropriate when the physician believes it would aid in patient expectations and management. In this case, the patient sustained a fall on 7/18/13 with a reported flexion-type injury of the neck. The patient has been evaluated and was found to have bowel and bladder complaints as well as lower extremity clonus and spasticity. MRI of the lumbar spine was performed. There is no indication for lumbar spine films. Medical necessity for the requested x-ray study was not established. The requested x-ray study was not medically necessary.

**Retrospective request (DOS 9/8/2015) for MRI of the thoracic spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Campbell's Operative Orthopedics, 10th edition, Chapter 39 - Lower Back Pain and Disorders of Intervertebral Discs.

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

**Decision rationale:** According to CA MTUS/ACOEM guidelines, an MRI of the thoracic spine is indicated for uncomplicated back pain with suspicion of cancer, infection, or other red flag, radiculopathy after at least 1 month of conservative therapy or sooner if progressive neurologic deficit, prior to lumbar surgery, or to evaluate for cauda equina syndrome. A thoracic MRI is not indicated unless a neurologic deficit is documented on physical exam, failure to progress in a strengthening program, or for clarification of the anatomy prior to an invasive procedure. In this case, the patient sustained a fall on 7/18/13 with a reported flexion-type injury of the neck. The patient has been evaluated including emergency room visits and there is no documentation of any neurological deficit(s) related to the thoracic spine to necessitate an MRI. Medical necessity for the requested MRI was not established. The requested MRI was not medically necessary.