

Case Number:	CM15-0206904		
Date Assigned:	10/23/2015	Date of Injury:	01/06/2013
Decision Date:	12/07/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	10/20/2015

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: Emergency 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 55 year old male sustained an industrial injury on 1-6-13. Documentation indicated that the injured worker was receiving treatment for neck and bilateral upper extremity pain. Previous treatment included physical therapy, chiropractic therapy, cervical epidural steroid injection at C7-T1 (6-15-15) and medications. Magnetic resonance imaging cervical spine (10-15-14) showed C5-6 and C6-7 degenerative disc disease with foraminal stenosis and disc bulge at C6-7. In a PR-2 dated 8-24-15, the injured worker complained of ongoing neck pain and progressively worsening bilateral upper extremity pain associated with headaches. The injured worker reported that when he moved his neck in certain positions he experienced a sensation of heat in the front and sides of his neck that radiated to his face. The physician noted that the injured worker had had no improvement with physical therapy and cervical epidural steroid injection and minimal improvement with chiropractic therapy. The physician's concern was possible progressive cervical degenerative disc disease with a narrowing central spinal canal that could result in myelopathy. The physician recommended follow-up with a neurosurgeon. In a neurosurgery progress note dated 9-28-15, the injured worker complained of ongoing neck pain with radiation down both arms, especially in flexion. The physician stated the neck pain was consistent with positive Spurling test. The physician's impression was right cervical radiculopathy with a "grossly unremarkable" magnetic resonance imaging. The physician stated that an unstable neck needed to be ruled out and if the injured worker did have instability at C5-6, a fusion would be warranted. The physician recommended x-rays of the cervical spine in

flexion and extension and wearing a cervical collar. On 10-8-15, Utilization Review noncertified a request for x-ray of the cervical spine with flexion and extension.

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 flexion/extension: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM 2013, Cervical and thoracic spine disorders, clinical measures, diagnostic investigations, x-rays.

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

Decision rationale: The requested X-ray of cervical spine with flexion/extension is medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 12, Neck and Upper Back Complaints, Special Studies and Diagnostic and Treatment Considerations, Page 178-179, recommend radiographs only with documented red flag conditions, after conservative treatment trials. The injured worker has ongoing neck pain with radiation down both arms, especially in flexion. The physician stated the neck pain was consistent with positive Spurling test. The physician's impression was right cervical radiculopathy with a "grossly unremarkable" magnetic resonance imaging. The physician stated that an unstable neck needed to be ruled out and if the injured worker did have instability at C5-6, a fusion would be warranted. The treating physician has documented the medical necessity to evaluate post-fusion stability. The criteria noted above having been met, X-ray of cervical spine with flexion/extension is medically necessary.