

<b>Case Number:</b>	CM15-0208803		
<b>Date Assigned:</b>	10/27/2015	<b>Date of Injury:</b>	07/16/2014
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	10/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2015

### 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 54-year-old female, who sustained an industrial injury on 7-16-2014. The injured worker is undergoing treatment for lumbar spinal stenosis, kyphosis post laminectomy and spondylolisthesis. Medical records dated 10-12-2015 indicate the injured worker complains of quad giving out resulting in head, neck and low back pain. Physical exam dated 10-12-2015 notes lumbar tenderness to palpation and spasm with decreased painful range of motion (ROM) and there is right quadriceps weakness. Treatment to date has included laminectomy, physical therapy, medication and activity alteration. The original utilization review dated 10-20-2015 indicates the request for lumbar X-ray is certified and cervical X-ray is non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**X-ray cervical spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter, Radiography (x-rays).

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter, under Radiography.

**Decision rationale:** The current request is for X-RAYS OF THE CERVICAL SPINE. The RFA is dated 10/12/15. Treatment to date has included laminectomy, cervical fusion, physical therapy, medication and activity modification. The patient is not working. ACOEM Guidelines, chapter 8, Neck and Upper Back Complaints 2004, Special Studies, page 330 states "unequivocal objective findings that identifies specific nerve compromise on the neurological examination is sufficient evidence to warrant imaging in patients who did not respond well to treatment and who would consider surgery as an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." ODG-TWC, Neck and Upper Back Chapter under Radiography (X-rays) states that cervical x-rays are "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 (CT). In determining whether the patient has ligamentous instability, magnetic resonance imaging (MRI) is the procedure of choice, but MRI should be reserved for patients who have clear-cut neurologic findings and those suspected of ligamentous instability. (Anderson, 2000) (ACR, 2002). Initial studies may be warranted only when potentially serious underlying conditions are suspected like fracture or neurologic deficit, cancer, infection or tumor." Per report 10/12/15, the patient presents complaints "of quad giving out" resulting in head, neck and low back injury due to a fall. Physical examination of the back revealed tenderness to palpation and spasm with decreased painful range of motion (ROM) and there is right quadriceps weakness. Physical examination of the cervical spine revealed, "the neck is supple, the trachea is midline. The thyroid is not enlarged and there are no palpable nodules." The treater recommended MRI of the neck and lowers back, and X-rays of the neck and lower back. The treater has noted that the patient had a fall "due to quad weakness," and has requested multiple studies. However, examination of the cervical spine provides no evidence of injury, and there are no subjective complaints pertaining to the cervical spine. ODG and ACOEM guidelines support the use of x-rays only in patients with neurologic deficits. The requested x-ray of the cervical spine is not indicated per guidelines. The request IS NOT medically necessary.