

Case Number:	CM15-0214647		
Date Assigned:	11/04/2015	Date of Injury:	01/31/2013
Decision Date:	12/16/2015	UR Denial Date:	10/22/2015
Priority:	Standard	Application Received:	11/02/2015

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: 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 54 year old female, who sustained an industrial injury on 1-31-2013. The medical records indicate that the injured worker is undergoing treatment for status post C5-6, C6-7 anterior cervical discectomy and fusion (10-2-2015), C4-7 spondylosis with C5-6, C6-7 disc bulges and stenosis and C5-6 focal kyphosis. According to the progress report dated 10-12-2015, the injured worker presented for evaluating complaints related to the cervical spine. On a subjective pain scale, she rates her pain 4 out of 10. The physical examination of the cervical spine did not reveal any significant findings. The medications prescribed are Tylenol #3. Previous diagnostic studies include electrodiagnostic testing (6-4-2014), X-rays (6-29-2015), and MRI (8-19-2014). The treating physician described the cervical spine x-ray as "C4-7 spondylosis with anterior osteophytes, C5-6 focal kyphosis, and C4-5 anterolisthesis". Treatments to date include medication management, epidural steroid injection, facet injections, and surgical intervention. Work status is described as temporarily totally disabled. The plan of care includes weaning pain medications, stop Percocet, start Tylenol #3, 12 physical therapy sessions to the cervical spine, and follow-up in 6 weeks with cervical x-rays. The original utilization review (10-22-2015) had non-certified a request for x-rays of the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient x-rays of the cervical spine, 3 views: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Cervical and Thoracic Spine Disorders.

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

Decision rationale: Per the MTUS Guidelines, the criteria for ordering imaging studies include 1) emergence of a red flag 2) physiologic evidence of tissue insult or neurologic dysfunction 3) failure to progress in a strengthening program intended to avoid surgery 4) clarification of the anatomy prior to an invasive procedure. In this case, cervical x-rays were obtained on 6-29-2015, that revealed "C4-7 spondylosis with anterior osteophytes, C5-6 focal kyphosis, and C4-5 anterolisthesis". There is no documentation of an acute injury or any interval changes that would warrant repeat cervical spine x-rays. The request for outpatient x-rays of the cervical spine, 3 views is determined to not be medically necessary.