

<b>Case Number:</b>	CM15-0046415		
<b>Date Assigned:</b>	03/18/2015	<b>Date of Injury:</b>	09/13/2014
<b>Decision Date:</b>	04/24/2015	<b>UR Denial Date:</b>	02/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2015

### 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 46 year old female who sustained an industrial injury on 9/13/14 to the hands, wrists, forearms and elbows from the repetitive motion of stocking shelves. She currently complains of recurrent and persistent pain and swelling in her right thumb and to a lesser extent the left thumb. She also complains of pain in her right cervical and upper thoracic paraspinal region with pain extending down into the right shoulder. Her neck pain is constant and associated with numbness and tingling with a pain intensity of 5/10 with and without medications. The right arm pain is constant and achy with radiation into the right 4th and 5th fingers. Her pain intensity is 4/10 with and without medications. Current medication is nabumetone. Diagnoses include bilateral basal joint arthropathy, right greater than left; status post medial and lateral epicondylectomy with 1st dorsal compartment decompression of the right arm (6/12); status post medial epicondylectomy with 1st dorsal decompression of the left arm (7/13), anxiety and depression. Treatments to date include steroid injection (2/14) with sustained benefit, splinting, modified hand activity, non-steroidal anti-inflammatory medications, chiropractic treatments with relief and physical therapy. Diagnostics include cervical MRI (12/11/14); cervical spine series (9/8/14); MRI of the cervical spine (12/11/14). In the progress notes reviewed there was no plan of care requesting intra-operative interpretation of cervical spine x-rays greater than 4 views noted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Intraoperative interpretation x-ray of the cervical spine greater than 4 views:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

**Decision rationale:** This patient presents with pain in the right cervical and upper thoracic paraspinous region and pain extending down the right shoulder. The request is for Intraoperative interpretation x-ray of the cervical spine greater than 4 views on 02/13/15 per utilization review letter dated 02/20/15. The patient is currently working with restrictions per 02/06/15 report. Per, 02/06/15 report, MRI of cervical spine dated 12/11/14 showed severe right neural foraminal narrowing at C5-C6 and moderate central stenosis at C5-C6 and C6-C7 without evidence of spinal cord flattening or cord signal abnormality. Cervical spine series x-rays dated 09/08/14 showed spondylosis and degenerative disc disease at C5-C6 and associated mild-to-moderate anterior degenerative changes including spurring and anterior ligamentous calcifications at C4-C5, C5-C6, and C6-C7. Per 02/06/15 report, the treater recommends to perform the right C5, C6, and C7 medial branch blocks to block the right C5-C6 and C6-C7 facet for diagnostic purposes" and requests for right C5, C6, C7 medial branch blocks with fluoroscopic guidance and intraoperative interpretation of cervical spine X-rays greater than four views." ACOEM guidelines on special studies for C-spine Chapter 8, page 177 and 178 states that the radiography is recommended for emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. For facet joint evaluation via dorsal medial branch blocks, fluoroscopic imaging is recommended per ODG guidelines. In this case, the request appears to be for multiple x-rays to be taken for facet joint evaluation via dorsal medial branch blocks. Currently, ODG guidelines recommend the use of fluoroscopic imaging and not conventional x-rays for this procedure. The request IS NOT medically necessary.