

<b>Case Number:</b>	CM15-0086627		
<b>Date Assigned:</b>	05/08/2015	<b>Date of Injury:</b>	08/03/2009
<b>Decision Date:</b>	06/12/2015	<b>UR Denial Date:</b>	04/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 64 year old male, who sustained an industrial injury on 8/3/09. He has reported initial complaints of falling from a loading dock. The diagnoses have included cervical strain, cervical disc degeneration, and lumbar disc degeneration. Treatment to date has included medications, diagnostics, physical therapy, activity modifications, epidural steroid injection (ESI), facet blocks and right shoulder arthroscopy surgery. Currently, as per the physician progress note dated 4/21/15, the injured worker complains of low back pain rated 4-6/10 on pain scale with medications and increases to 6-9/10 without medications. He also complains of right knee pain rated 4-6/10 with medications and 6-9/10 without medications. He is being seen for follow up and continues to await authorization for lumbar radiofrequency ablation, pain management consult, facet blocks and AP, Lateral, Flexion, Extension X-rays of the cervical spine. Physical exam of the cervical spine revealed cervical tenderness and spasms, and decreased sensation, decreased cervical range of motion. The current medications included Norco and Cyclobenzaprine which were effective. The diagnostic testing that was performed included cervical spine x-rays dated 3/24/15 that revealed severe disc degeneration, and evidence of bone spurring. The previous physical therapy notes were submitted with the records. The urine drug screen dated 12/3/14 was inconsistent with the prescribed medications. The physician recommendations were continue with Norco, follow up in 4-6 weeks, and continue to recommend authorization for lumbar radiofrequency ablation, pain management consult and facet blocks, and AP, Lateral, Flexion, Extension X-rays of the cervical spine. The physician

requested treatment included Retro: AP, Lateral, Flexion, and Extension X-rays of the cervical spine done on 3/24/15 quantity of 1.00.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Retro: AP, Lateral, Flexion, Extension X-rays of the cervical spine done on 3/24/15 Qty: 1.00:** 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 and upper back.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back-Facet joint pain, signs & symptoms.

**Decision rationale:** Retro: AP, Lateral, Flexion, Extension X-rays of the cervical spine done on 3/24/15 Qty: 1.00 are not medically necessary per the MTUS Guidelines and the ODG. The MTUS ACOEM Guidelines states that the criteria for ordering imaging studies are emergence of a red flag or progressive neurologic deficit, failure to progress in a strengthening program or preparation for surgery. There are no red flag findings on physical exam. The documentation indicates that the patient has had prior cervical imaging studies in the past. The documentation indicates that the patient has had prior cervical facet blocks and the provider states that he obtained x-rays of the neck which reveal facet arthropathy and disc degeneration. The ODG states that there is no current proof of a relationship between radiologic findings and pain symptoms. The documentation is not clear on the rationale for updated cervical imaging. The guidelines do not support radiographic imaging for facet pain. The request for cervical x-rays is not medically necessary.