

Case Number:	CM15-0240675		
Date Assigned:	12/17/2015	Date of Injury:	07/19/2013
Decision Date:	01/22/2016	UR Denial Date:	12/01/2015
Priority:	Standard	Application Received:	12/09/2015

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: Ohio, West Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

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 56 year old female, who sustained an industrial injury on 7-19-13. The injured worker was diagnosed as having status post C3-C4, C4-C5 and C5-C6 anterior discectomy and fusion on 10-6-15. Subjective findings (11-4-15) indicated improved neck pain following the cervical surgery she had one month prior. Objective findings (11-4-15) revealed well-appearing incision. Treatment to date has included a cervical x-ray on 7-28-15 and 10-7-15, a cervical CT scan on 9-14-15, a cervical spine x-ray on 11-2-15 showing C6-C7 discogenic degenerative disease, Percocet and Valium. The Utilization Review dated 12-1-15, non-certified the request for an x-ray of the cervical spine with anterior, posterior and lateral views.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-Ray of the cervical spine with anterior, posterior and lateral views: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

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

Decision rationale: CA MTUS guidelines regarding cervical radiographs state, "Initial studies (are recommended) when red flags for fracture or neurological deficit associated with acute trauma, tumor, or infection are present." Routine studies are not recommended "in the absence of red flags." MTUS also notes that, "Cervical radiographs are most appropriate for patients with acute trauma associated with midline vertebral tenderness, head injury, drug or alcohol intoxication, or neurologic compromise." (American College of Surgeons. Advanced Trauma and Life Support: A Manual for Instructors. Chicago: ACS;1993.) The available medical record notes prior radiographs (AP and lat) of this region with findings of appropriate graft placement and stable disc disease. The treating physician does not provide a rationale for repeat radiographs, no red flags are noted and this IW is beyond a reasonable "initial study" period. As such, the request for X-Ray of the cervical spine with anterior, posterior and lateral views is not medically necessary.