

Case Number:	CM14-0127664		
Date Assigned:	09/23/2014	Date of Injury:	07/14/2000
Decision Date:	10/22/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/12/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 64-year-old male with a 7/14/2000 date of injury, when he sustained injuries to the cervical spine during a car accident. The patient underwent C5-C7 fusion (unknown date of the procedure) and right tarsal tunnel release on 6/3/11. The patient was seen on 6/7/14 with complaints of pain and numbness in the hand and pain in the neck. The patient also complained of bilateral carpal tunnel syndrome symptoms and right tarsal tunnel syndrome symptoms. Exam findings revealed paraspinal spasm in the cervical spine and trigger points in the trapezius, rhomboids and supraspinatus. The DTRs were symmetrical bilaterally and the motor examination was normal. The patient had pain with motion in the cervical spine and the range of motion was reduced to 50% of normal. The diagnosis is status post cervical fusion, ankle instability and tarsal tunnel syndrome. Radiographs of the cervical spine dated 3/20/13 (the radiology report was not available for the review) revealed normal alignment; fusion of C5-C6; AP diameter of the bony canal within normal limits; small ventral osteophytes at C6-C7 without significant encroachment on the central canal; solid fusion at C5-C7 and severe foraminal stenosis bilaterally at C6-C7. Treatment to date: medications, physical therapy, cortisone injections, work restrictions and foot orthotics. An adverse determination was received on 7/28/14 given that there was a lack of documentation of any new symptoms, injury or physical finding that warranted performing a cervical spine radiographs at the time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical X-Ray: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180.

Decision rationale: CA MTUS supports imaging studies with red flag conditions; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; clarification of the anatomy prior to an invasive procedure and definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. The patient underwent cervical fusion, however the date of the surgery is unknown. The patient had performed radiographs of the cervical spine on 3/20/13 which revealed normal alignment; fusion of C5-C6; AP diameter of the bony canal within normal limits; small ventral osteophytes at C6-C7 without significant encroachment on the central canal; solid fusion at C5-C7 and severe foraminal stenosis bilaterally at C6-C7. The progress notes did not reveal any abnormal findings on the patient's physical examination. There were no red flags conditions suggesting new trauma or neurologic dysfunction. In addition, there is no rationale with regards to the need for additional cervical spine radiographs. Therefore, the request for Cervical X-Ray is not medically necessary.