

Case Number:	CM14-0097017		
Date Assigned:	07/28/2014	Date of Injury:	06/23/2004
Decision Date:	09/15/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/25/2014

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 Occupational Medicine and is licensed to practice in California. 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of June 20, 2004. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; opioid therapy; earlier multilevel cervical decompressive laminectomy surgery; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated May 28, 2014, the claims administrator partially certified a request for hydrocodone-acetaminophen, apparently for weaning purposes, and denied a request for cervical spine x-rays. The applicant's attorney subsequently appealed. In a July 15, 2014 progress note, the applicant reported persistent complaints of pain, 7/10, with numbness and tingling about the bilateral hands. The applicant stated that frequent usage of Norco was ameliorating her pain, as was thrice-daily usage of gabapentin. The applicant was asked to continue the aforementioned medications. The applicant's work status was not clearly stated. The attending provider encouraged the applicant to perform home exercises independently. On May 27, 2014, the applicant reported persistent complaints of neck pain radiating to the arms. The applicant's medication list included Mobic, Norco, and Evista. It was stated that the applicant had evidence of residual neuroforaminal stenosis but that the applicant did not wish to pursue further surgery. The attending provider did allude to x-rays of the cervical spine on March 25, 2014, apparently notable for multilevel degenerative joint disease, and slight positional instability at C5-C6. On March 25, 2014, the attending provider stated that he was ordering x-rays of lumbar spine to evaluate for possible cervical spine instability. On January 21, 2014, the attending provider posited that ongoing usage of gabapentin and meloxicam was insufficient to ameliorate the

applicant's 8-9/10 neck pain complaints and that introduction of Norco was ameliorating the same.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Flexion and Extension X-Rays of the cervical spine: Overturned

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 (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178-179.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 8, Table 8-7, page 179, plain film radiographs of the cervical spine are scored anywhere from 1-4/4 in their ability to identify and define suspected anatomic defects. Page 178 of the ACOEM Guidelines further notes that an imaging study may be appropriate for applicants who have limitations in whom surgery is being considered for a specific anatomic defect. In this case, the attending provider suggested that he was considering further cervical spine surgery and the x-rays in question were being performed to evaluate for possible instability. The x-rays in question were performed on March 25, 2014 and did, in fact, demonstrate instability at least at one level. The request is medically necessary.