

<b>Case Number:</b>	CM14-0199278		
<b>Date Assigned:</b>	12/09/2014	<b>Date of Injury:</b>	10/04/2012
<b>Decision Date:</b>	01/23/2015	<b>UR Denial Date:</b>	10/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2014

### 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 Physical Medicine Rehab, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 58 year old male with a work injury dated 10/4/12. The diagnoses include cervical spine sprain/strain, cervical neuritis of the bilateral upper extremities, and cervical radiculopathy, bilateral carpal tunnel syndrome. Under consideration are requests for x-ray of the cervical Spine. MRI of the cervical spine on 12/11/12 showed straightening of the normal lordosis with superimposed degenerative changes most marked at C6-7 with mild canal stenosis and moderate to severe bilateral foraminal stenosis. There was mild canal stenosis, moderate to severe and moderate left side foraminal stenosis at C4-5. There was mild canal stenosis and moderate bilateral foraminal stenosis at C5-6. There was mild canal stenosis and bilateral foraminal stenosis, left greater than right at C3-4. There was mild to moderate right-sided foraminal stenosis at C7-T1. This patient had undergone CESI on 08/21/13 at C7-T1 with 50 percent improvement in neck ROM for 8 weeks with decreased consumption of medications. X-rays, 4/1/13, showing spurring at C4-5, C5-6 and C6-7 with disc space narrowing at all three levels. 10/4/12 X-ray of the Cervical Spine revealed 1) Cervical spondylosis. This is quite severe at the C4-5, C5-6 and C6-7 levels. Acquired central spinal stenosis or foraminal stenosis cannot be ruled out, particularly at the C6-7 level. 2) No evidence of a fracture. The findings reveal that 1) There is anterior osteophytic spurring at the C4-5, C5-6 and C6-7 levels. 2) There is severe narrowing of the C4-5, C5-6, and C6-7 discs. There may be associated central spinal stenosis or foraminal stenosis at C6-7. Per documentation submitted a primary treating physician was designated and all medical information was being requested to be sent to this provider. There are requests for authorization on 10/20 and 10/22/14. An 11/10/14 physical exam reveals Moderate pain in his neck at an 8/10 on a scale of 1 to 10 with 1 being the lowest level pain and 10 being the maximum level of pain, described as a constant pain radiating down into his hands; associated with numbness, tingling, burning and aching sensations with sharp pain in his neck,

He has limited range of motion with flexion extension and turning side to side which increases the pain in his neck. The patient denies any bilateral wrist complaints at this time. On exam the patient currently has a PICC line in his right arm at the medial aspect of the arm. In regard to the cervical spine the patient has hyper pigmentation consistent with radiation treatment to the neck. His range of motion remains restricted. No further physical examination was performed at this time. The treatment plan states that in regards to the patient's cancer without knowing what type of cancer he has it is difficult to determine if corticosteroids are appropriate for him. An 11/24/14 document states that the patient has been cleared by his cancer doctor and can begin industrial treatment.

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

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

**X-Ray Cervical Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

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

**Decision rationale:** X-ray of the cervical spine is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. 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. The documentation indicates that the patient has cancer. His prior x-rays were ordered in 2013. The most recent documentation indicates that he has been cleared by his oncologist for industrial treatment. There are no major changes on physical exam from prior exam findings dating back to 2013. He has had 2 prior cervical imaging studies the most recent in April of 2013. The documentation indicates that prior medical records were to be sent to his current primary treatment provider. The request for x-ray of the cervical spine is not medically necessary.