

<b>Case Number:</b>	CM14-0213655		
<b>Date Assigned:</b>	12/31/2014	<b>Date of Injury:</b>	08/28/2012
<b>Decision Date:</b>	03/05/2015	<b>UR Denial Date:</b>	11/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/22/2014

### 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. 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: California

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

Patient is a 51 year-old male with date of injury 08/28/2012. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 11/04/2014, lists subjective complaints as pain in the neck. Patient underwent an MRI of the cervical spine on 01/23/2013 which was notable for a 4mm bulge at C3-4 and a 2-3mm bulge at C4-5 and C5-6. X-rays of the cervical spine taken on 06/16/2014 on flexion/extension showed no evidence of subluxation. PR-2 supplied for review was handwritten and illegible. Objective findings: Examination of the cervical spine revealed tenderness to palpation and spasms in the cervical and trapezius muscle groups mainly on the right side. Range of motion of the cervical spine was restricted. Decreased sensation to the right upper extremity at the C6 distribution. Diagnosis: 1. Cervical musculoligamentous sprain/strain with multilevel degenerative bulging discs, most prominent at C5-6 with moderate left and severe right neural foraminal narrowing 2. Right C6 radiculitis 3. Lumbar sprain/strain 4. Anxiety and depression 5. Insomnia.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical spine flexion and extension x-rays:** Overturned

**Claims Administrator 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)

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

**Decision rationale:** According to the MTUS, special studies such as a cervical x-ray are not needed unless a red-flag condition is present. Cervical radiographs are most appropriate for patients with acute trauma associated with midline vertebral tenderness, head injury, drug or alcohol intoxication, or neurologic compromise. This is that the purpose, however, of a flexion/extension x-ray. These x-rays are commonly used by spine surgeons to rule out instability at a spinal segment. The patient's clinical picture warrants this type of workup. I am reversing the previous utilization review decision. Cervical spine flexion and extension x-rays are medically necessary.