

Case Number:	CM15-0012814		
Date Assigned:	01/30/2015	Date of Injury:	10/25/2000
Decision Date:	03/18/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	01/22/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 58 year old male, who sustained an industrial injury on 10/25/2000. The injured worker has complaints of constant neck pain that radiates into the bilateral upper extremities with numbness and tingling and complains of constant low back pain that radiate into the bilateral lower extremities with numbness and tingling. He also has complaints of right hip pain that is aggravated by cold weather. The documentation noted that the injured worker also had anxiety, depression, stress and insomnia. The PR dated 12/17/14 noted that he is on MS contin, Norco, senna and baclofen with 40% relief and was not currently on physical therapy. The diagnoses have included status post decompression and fusion, corpectomy and instrumentation, anterior and posterior cervical spine with significant residuals; status protrusion and stenosis of the lumbosacral spine at L2 through S1; chronic protrusion and stenosis of the lumbosacral spine at L2 through S1; chronic persistent left C3-4 radiculopathy per electromyogram; status post anterior cervical decompression and fusion and postoperative muscle atrophy. According to the utilization review performed on 1/25/15, the requested X-ray of the Cervical Spine, AP and Lateral Views has been non-certified. The utilization review documentation noted that the absence of any new trauma medical necessity for repeat radiographic study of the cervical spine has not been established. Criteria used in analysis were ACOEM Guidelines Neck and Upper Back Complaints, as referenced by CA MTUS Guidelines Summary of Recommendations and Evidence and ODG Neck and Upper Back (updated 11/18/14) Radiography (X-rays).

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, AP and Lateral Views: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation ODG Neck & Upper Back (updated 11/18/14) Radiography (x-rays)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chapter 8 Neck and Upper Back Disorders, Introductory Material, Special Studies and Diagnostic.

Decision rationale: Per ACOEM Treatment Guidelines for the Neck Disorders states Criteria for ordering imaging studies such as the requested X-rays of the cervical spine include Emergence of a red flag; 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. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports have not adequately demonstrated the indication for the cervical spine x-rays nor document any specific clinical findings to support this imaging study as reports noted unchanged clinical symptoms of ongoing pain without any progressive neurological deficits. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The X-ray of the Cervical Spine, AP and Lateral Views is not medically necessary and appropriate.