

Case Number:	CM15-0015220		
Date Assigned:	02/03/2015	Date of Injury:	02/26/2003
Decision Date:	03/20/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	01/27/2015

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 46-year-old female, with a reported date of injury of 02/26/2003. The diagnoses include status post anterior cervical discectomy and fusion at C4-5 and C5-6, with painful retrained hardware and dysphagia; cervical spine discopathy; neck pain; postlaminectomy syndrome of the cervical region; intervertebral cervical disc disease with myelopathy of the cervical region; degeneration of the cervical intervertebral disc; and status post anterior cervical spine hardware. Treatments have included oral medications and physical therapy. The progress report dated 01/05/2015 indicates that the injured worker continued to have severe cervical symptoms, cervical pain, cervical radiculopathy, and difficulty swallowing. She reported increased neck pain since the last visit, and the same mid-low back pain, with no change in distribution. The injured worker believed that the medication regimen was no longer providing relief following her increase in pain. The injured worker reported her pain 10 out of 10 without medications and 8 out of 10 with medications. The medications keep the injured worker functional, allowing for increased mobility, and tolerance of her activities of daily living and home exercises. The physical examination showed tenderness to palpation at C4-5, tenderness to palpation of the paraspinals with radiculopathy into the upper extremities bilaterally, decreased deep tendon reflexes in the upper extremities, and normal pulses in the upper extremities. The treating physician requested cervical x-ray series and Medrol 4mg #1 box to help to provide pain relief, help the injured worker perform valued activities of daily living, to improve her overall quality of life. On 01/15/2015, Utilization Review (UR) denied the request for cervical x-ray series including flexion and extension and Medrol 4mg #1 box, noting that the

injured worker was to undergo a cervical MRI, therefore, x-rays are unnecessary; and the guidelines indicate that there is no evidence-based support for the use of oral corticosteroids in the treatment of chronic pain. The MTUS ACOEM Guidelines and the non-MTUS Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical x-ray series including flexion and extension: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): (s) 177-178, 182.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Chapter 8 Neck and Upper Back Disorders, Introductory Material, Special Studies and Diagnostic and Treatment Considerations, page(s) 171-171, 177-179.

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 Cervical x-ray series including flexion and extension is not medically necessary and appropriate.

Medrol 4mg, one box: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Oral corticosteroids, page 624

Decision rationale: Per the guidelines, oral corticosteroids (Medrol Dose pack) are not recommended for acute, sub-acute and chronic spine and joint pain due to the lack of sufficient literature evidence (risk vs. benefit, lack of clear literature) and association with multiple severe adverse effects with its use. There is also limited available research evidence which indicates that oral steroids do not appear to be an effective treatment for patients with spine and joint

problems and has serious potential complications associated with long-term use. Submitted reports have not demonstrated specific indication and support for use outside guidelines criteria for this chronic injury without demonstrated functional improvement from medications already received. The Medrol 4mg, one box is not medically necessary and appropriate.