

Case Number:	CM15-0115517		
Date Assigned:	06/24/2015	Date of Injury:	01/08/2012
Decision Date:	07/22/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/16/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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:

The injured worker is a 60 year old female, who sustained an industrial injury on 1/8/12. She has reported initial complaints of upper spine and right shoulder pain. The diagnoses have included cervical disc osteophyte complex with radiculopathy, bilateral carpal tunnel syndrome with ulnar nerve release, peripheral neuropathy and bilateral knee procedure. Treatment to date has included rest, activity modifications, diagnostics, medications, surgery, physical therapy, other modalities and home exercise program (HEP). Currently, as per the physician progress note date 5/28/15, the injured worker complains of increased pain with extension of the arms, constant headaches, and decreased range of motion with increased pain. The pain is in the neck and shoulders with numbness in the forearms, hands and fingers. The grip strength is weak bilaterally. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the cervical spine dated 1/20/15 that reveals bilateral facet arthrosis, neural foraminal narrowing, disc space narrowing, disc osteophyte complex, and stenosis. The physical exam reveals decreased cervical range of motion, rotation on the right causes Spurling's sign into the right shoulder and forearm. The motor exam reveals 4/5, right greater than left weakness. The current medications included Tylenol for pain as needed. The physician requested treatment included 5 View Cervical with Flexion and Extension.

IMR ISSUES, DECISIONS AND RATIONALES

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

5 View Cervical with Flexion and Extension: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck section, Radiographs.

Decision rationale: Pursuant to the Official Disability Guidelines, 5 view cervical spine radiographs with flexion and extension are not medically necessary. Patients were alert, have never lost consciousness, are not under the influence of alcohol and/or drugs, have no distracting injuries, have no cervical tenderness and no neurologic findings, do not need imaging. Patients who do not fall into this category should have a three view cervical radiographic series followed by computed tomography (CT). The indications for imaging are enumerated in the Official Disability Guidelines. In this case, the injured workers working diagnoses are C-5 - C6 disc osteophytes complex with radiculopathy; C6 - C7 disc osteophytes complex with radiculopathy; bilateral carpal tunnel syndrome with ulnar nerve release; peripheral neuropathy; and bilateral knee procedures. Cervical spine x-rays from 2003 show some degree of mild degenerative changes at C5-C6. There are 72 pages in the medical record. The date of injury is January 8, 2012. An MRI of the cervical spine was performed within the 29th 2012 and January 20, 2015. There were multiple requests for plain radiographs of the cervical spine. In the qualified medical examination (QME), a clinical entry dated January 30, 2014 shows the treating provider requested a cervical spine MRI and plain radiographs of the cervical spine. There were no results in the medical record. A clinical entry in the QME dated March 18, 2014 showed another request for cervical spine MRI and plain x-rays of the cervical spine. There were no results in the medical record. The most recent progress note dated May 28, 2015 (request for authorization dated May 29, 2015) subjectively stated the injured worker had pain in the neck is increased with raising the arms. Objectively, range of motion was decreased. MRI cervical spine results from January 20, 2015 show bilateral facet arthrosis at C3 - C4, C4 - C5. There was disc space narrowing at C5 - C6 with a 3 mm broad-based disc osteophyte complex resulting in canal stenosis and bilateral neural parameter narrowing; at C6 - C7, there was a 2mm broad-based disc osteophyte complex that effaces the ventral CSF space resulting in borderline canal stenosis. There was bilateral neural foraminal narrowing at this level. The documentation shows the injured worker had an MRI cervical spine (supra) January 20, 2015. There is no clinical indication or rationale for plain film radiographs that would supplement the MRI of the cervical spine. Surgery has not been requested nor has it been authorized at this time. Consequently, absent clinical documentation with a clinical indication and rationale for repeating plain film radiographs with a recent magnetic resonance imaging scan performed January 2015 and no recent trauma and no surgical procedures requested nor authorized, 5 view cervical spine radiographs with flexion and extension are not medically necessary.