

<b>Case Number:</b>	CM15-0115573		
<b>Date Assigned:</b>	06/23/2015	<b>Date of Injury:</b>	04/07/2013
<b>Decision Date:</b>	07/27/2015	<b>UR Denial Date:</b>	05/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/15/2015

### 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: Family Practice

### 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 46-year-old female who sustained an industrial injury on 4/7/2013 resulting in cervical, thoracic and lumbosacral pain and reduced range of motion. The injured worker was diagnosed with neck and radiating left arm pain and C7 radiculopathy; C6-7 foraminal stenosis; T10-11 right thoracic disc herniation with chronic chest pain, worsened with inspiration; and, lumbosacral strain. Treatment has included cervical fusion, epidural injections, chiropractic care, physical therapy, and medication. She has reported minimal relief from symptoms through these interventions. Post-surgery, the injured worker reported an increase in pain symptoms to the thoracic and lumbar areas which is ongoing. Treating physician's plan of care includes medication, returning to physical therapy, and cervical and lumbar x-rays. The injured worker is presently not working.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical X-Ray:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Research Article: Grimm BD, Leas DP, Glaser JA. The utility of routine postoperative radiographs after cervical spine fusion. Spine J 2013; 13:764-9.

**Decision rationale:** The MTUS ACOEM Guidelines comment in the Chapter on Neck and Upper Back Complaints on the indications for further evaluation of symptoms. Regarding the neck, Table 8-1 describes the red flags for potentially serious neck and upper back complaints. This patient is status post cervical spine fusion. The medical records available for review do not document any of the red flags in the above cited chapter. The patient has received a postoperative cervical spine X-ray; as documented on 4/16/2015. This radiograph showed evidence of fusion. There were no other notable findings. Under these conditions, the MTUS ACOEM guidelines do not support the need for repeat imaging of the cervical spine. In an appeal letter, a concern presented is that it is standard practice to perform follow-up cervical spine films post-fusion. As noted above, the cervical spine film on 4/16/2015 demonstrated progression of fusion. There are no consensus guidelines available to corroborate the medical necessity of follow-up films. In reviewing the medical literature, the above cited article from 2013 assessed the utility of routine postoperative radiographs after cervical spine fusion. This included a review of 383 patients over a five-year period. The conclusion of this study was that routine postoperative radiographs rarely appear to be of value. There was a subset of patients in this study who went on to revision; however, in this subset, there was a documented abnormal history and examination. In conclusion, there is insufficient evidence in support of the medical necessity of radiographs of the cervical spine. Therefore, this request is not medically necessary.

**Lumbar X-Ray:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 289.

**Decision rationale:** The MTUS/ACOEM guidelines comment on the evaluation of lumbar spine complaints to include indications for imaging. In the chapter on Low Back Complaints, Table 12-1 describes the red flags for potentially serious conditions. The medical records available for review do not document any of the red flags cited in this chapter. Further, Table 12-2 describes the symptoms of lumbar nerve root compromise. The medical records available for review do not describe any symptoms or examination findings consistent with lumbar nerve root compromise. Table 12-8 provides a summary of the evidence and recommendations for the evaluation of low back complaints. Included in these recommendations is the need for a documented history and physical examination relevant to the lumbar spine. While the records document an evaluation of the thoracic spine; there is insufficient documentation for concerns involving the lumbar spine. Given the lack of documentation, there is no justification in performing a lumbar X-ray. This test is not medically necessary.