

Case Number:	CM15-0173420		
Date Assigned:	09/15/2015	Date of Injury:	03/31/2009
Decision Date:	10/23/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	09/02/2015

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:

This 59 year old male sustained an industrial injury on 3-31-09. The injured worker is being treated for brachial neuritis, cervical radiculopathy. Treatments to date include MRI and nerve conduction testing and prescription pain medications. An MRI dated 11-17-14 reveals multilevel degenerative changes in the cervical spine. The injured worker has continued complaints of low back and left knee pain. The pain has affected the injured worker's activity level. The injured worker has remained off work. Upon examination, there is palpable muscle tenderness with spasm noted in the cervical spine. Positive axial loading compression test is noted and Spurling's maneuver is positive. Pain ratings range from 4 to 9 out of a scale of 10. A request for AP/Lat cervical spine x-rays post CT scan was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

AP/Lat cervical spine x-rays post CT scan: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter under Radiography (X-rays).

Decision rationale: The 59 year old patient complains of pain in the cervical spine along with radiating pain in upper extremities and headaches, rated at 9/10; bilateral knee pain, rated at 4/10; bilateral shoulder pain, rated at 4/10; and difficulty sleeping, as per progress report dated 08/10/15. The request is for AP/LAT cervical spine x-rays post CT scan. There is no RFA for this case, and the patient's date of injury is 03/31/09. Diagnoses, as per progress report dated 08/10/15, included cervical disc disorder, shoulder region dislocation, and internal derangement of knee. The patient is status post left shoulder arthroscopic surgery on 02/19/14, and status post right shoulder arthroscopic surgery on 07/17/13. The patient is permanently partially disabled, as per progress report dated 06/19/15. For special diagnostics, ACOEM Guidelines, Neck and Upper Back chapter and Special Studies section, page 330 states "unequivocal objective findings that identifies specific nerve compromise on the neurological examination is sufficient evidence to warrant imaging in patients who did not respond well to treatment and who would consider surgery as an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study". Regarding cervical x-rays, ODG states "not recommended except for indications below. Patients who are alert, have never lost consciousness, are not under the influence of alcohol and/or drugs, have no distracting injuries, have no cervical tenderness, and have 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). In determining whether or not the patient has ligamentous instability, magnetic resonance imaging (MRI) is the procedure of choice, but MRI should be reserved for patients who have clear-cut neurologic findings and those suspected of ligamentous instability. (Anderson, 2000) (ACR, 2002) Initial studies may be warranted only when potentially serious underlying conditions are suspected like fracture or neurologic deficit, cancer, infection or tumor." In this case, the patient complains of pain in the cervical spine. MRI of the cervical spine, dated 11/17/14, revealed multilevel degenerative changes and left-sided neural foraminal stenosis at C3-4, C5-6 and C7-T1. A request for CAT scan of the cervical spine "to try and define structural issues in his neck as it would apply to surgical consultation" is noted in progress report dated 07/13/15. The results of this scan are not available for review. The treater is now requesting for x-rays post CT scan. As per progress report dated 08/10/15, physical examination of the cervical spine reveals tenderness to palpation in the cervical paravertebral muscles along with limited range of motion. There is numbness and tingling along C5-6 and C6-7 dermatomal distribution. The patient is awaiting authorization for cervical surgery, as per the same report. While the patient does have chronic pain and significant neurologic deficit for which x-rays are indicated, none of the reports discuss the request. The patient has undergone multiple imaging studies in the recent past. The purpose of the x-rays after CT scan is not clear. Given the lack of relevant documentation, the request is not medically necessary.