

Case Number:	CM15-0037033		
Date Assigned:	03/05/2015	Date of Injury:	04/20/2011
Decision Date:	04/15/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/27/2015

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: Preventive Medicine, Occupational 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 57 year old female who sustained an industrial injury on 04/20/2011. Current diagnoses include neck pain associated with cervical disc disease at C5-5 and C6-7, radiculopathy of the left upper extremity, left carpal tunnel syndrome, status post cervical epidural steroid injections, status post cervical disc excision and fusion, history of severe anxiety and depression, and status post pedicle screw fixation bilateral C6-C7. Previous treatments included medication management, cervical fusion, chiropractic therapy, physical therapy, and injections. Report dated 02/27/2015 noted that the injured worker presented with complaints that included neck pain. Physical examination was positive for abnormal findings. [REDACTED] performed flexion extension views on 10/6/14. Utilization review performed on 02/02/2015 non-certified a prescription for cervical spine films (flexion/extension), based on the clinical information submitted does not support medical necessity. The reviewer referenced the California MTUS, ACOEM, and Official Disability Guidelines in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical spine films (flexion/extension): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Flexion/extension imaging studies.

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

Decision rationale: MTUS Guidelines do not address the issue of post operative x-rays of the cervical spine. ODG Guidelines recommend follow up radiography for evaluation of fusion status and this commonly includes flexion extension views. However, flexion extension views were performed just a couple of months before this request and there is no review or acknowledgement of this. There is no documented rationale why they would need to be repeated so soon. Under these circumstances, there is no justification to repeat the cervical spine films (flexion/extension). They are not medically necessary.