MAXIMUS Federal Services

Case Number:	CM15-0040419		
Date Assigned:	03/10/2015	Date of Injury:	06/23/2012
Decision Date:	04/20/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	03/03/2015

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: 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 62 year old female who sustained a work related injury June 23, 2012. She hit her head on a metal cabinet and subsequently had head and neck pain. According to a pain and rehabilitative physician's progress notes, dated January 26, 2015, the injured worker presented for follow-up with chronic neck and left upper extremity pain. Her gait was grossly normal and non-antalgic and ambulated into the room without assistance. Current medications included Flector patch. Diagnoses are documented as cervical spondylosis without myelopathy, long term use of medications, neck pain and chronic pain syndrome. Treatment plan included a request for flexion/extension cervical spine x-rays.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Flexion/extension cervical spine X-ray: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179, 181-183.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses radiography. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 8 Neck and Upper Back Complaints indicates that criteria for ordering imaging studies are: 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, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. In the following circumstances, an imaging study may be appropriate for a patient whose limitations due to consistent symptoms have persisted for four to six weeks or more: When surgery is being considered for a specific anatomic defect; To further evaluate the possibility of potentially serious pathology, such as a tumor. Table 8-8 Summary of Recommendations for Evaluating and Managing Neck and Upper Back Complaints indicates that radiography are the initial studies when red flags for fracture, or neurologic deficit associated with acute trauma, tumor, or infection are present. The treating physician's utilization review treatment appeal report dated 3/3/15 documented that the initial spine surgeon evaluation on 1/14/15 noted that the patient exhibited diminished sensation in the left upper extremity and positive Spurling's sign. The spine surgeon recommended a flexion/extension x-ray of the cervical spine to evaluate bony alignment of the vertebra and to rule out instability. The physicians requested flexion-extension x-rays of the cervical spine to determine severity of injury, to confirm proper bony alignment of the vertebral bodies and to rule out instability. A flexion-extension x-ray of the cervical spine is needed to do a complete assessment. The spine surgeon wishes to follow up with the patient following the cervical diagnostic studies to discuss surgical options based on diagnostic reports. Physical examination demonstrated neurologic deficits. The patient is being considered for a possible surgery. Flexion/extension x-rays of the cervical spine were requested. MTUS/ACOEM indicates that criteria for ordering imaging studies included the existence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, clarification of the anatomy prior to an invasive procedure. When surgery is being considered for a specific anatomic defect, an imaging study may be appropriate. To further evaluate the possibility of potentially serious pathology, an imaging study may be appropriate. The medical records document neurologic deficits and surgical consideration. Therefore, the request for cervical spine X-ray is supported by MTUS/ACOEM guidelines. Therefore, the request for cervical spine X-ray is medically necessary.