

<b>Case Number:</b>	CM15-0074860		
<b>Date Assigned:</b>	04/24/2015	<b>Date of Injury:</b>	10/01/1993
<b>Decision Date:</b>	05/27/2015	<b>UR Denial Date:</b>	04/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/20/2015

### 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: Texas, 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:

This is a 60 year old male patient, who sustained an industrial injury on 10/1/93. The diagnoses include lumbar degenerative disc disease, lumbar radiculopathy, bilateral foot drop and bilateral shoulder pain. Per the doctor's note dated 12/8/14, he had complaints of pain in his neck that radiates down the bilateral upper extremities. He rated his pain 8/10. Per the PR2 dated 2/2/15, physical examination revealed tenderness on palpation in the bilateral shoulders; ambulating with a cane; lumbar spine- tenderness, decreased range of motion and decreased strength in lower extremities. Patient's wife assists with ADLs. The medications list includes tramadol, viagra, vitamin D, lyrica, cymbalta and hydrocodone/APAP. He has undergone cervical spine fusion( as per the note dated 5/21/2014 X-ray findings revealed evidence of anterior and posterior fusion at C5-7 and a traction spur anteriorly at C4-5), lumbar laminectomy and T11-12 dissection. He has had lumbar MRI on 7/29/2011, 3/5/2012 and 5/7/2009; thoracic MRI on 3/5/2012; lumbar CT myelogram dated 9/9/2013. He has had home health service for this injury. The treating physician requested a cervical spine x-ray and home care assistance, six hour a day, five days a weeks, for three months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**X-Ray of cervical spine:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back, Radiography.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179 and Table 8-7. Ability of Various Techniques to Identify and Define Neck and Upper Back Pathology Technique Identify Physiologic Insult Identify Anatomic Defect. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Neck & Upper Back (updated 05/12/15) Radiography (x-rays).

**Decision rationale:** Per the ACOEM chapter 8 guidelines cited below "Cervical radiographs are most appropriate for patients with. Trauma associated with midline vertebral tenderness, head injury, drug or alcohol intoxication, or neurologic compromise." Per the records provided patient had neck pain with radicular symptoms in upper extremities. He has a history of cervical fusion. In addition, per the ODG "For the evaluation of the patient with chronic neck pain, plain radiographs (3-view: anteroposterior, lateral, open mouth) should be the initial study performed." It is medically necessary and appropriate to perform cervical X-rays to rule out underlying pathology and to evaluate the status of the fusion. The request for X-ray of the cervical spine is medically appropriate and necessary for this patient.

**Home Care Assistance, six hours a day, five days a week, for three months:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): (s) 51.

**Decision rationale:** Per the cited guidelines below, regarding home health services "Recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed." Any evidence that the patient is totally homebound or bed ridden is not specified in the records provided. Homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom is not considered medical treatment. Patient's wife assists in ADLs. Rationale for an additional assistant is not specified in the records provided. The medical necessity of Home Care Assistance, six hours a day, five days a week, for three months is not medically necessary.