

Case Number:	CM15-0078112		
Date Assigned:	04/29/2015	Date of Injury:	07/25/2003
Decision Date:	06/01/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	04/23/2015

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:

The injured worker is a 57 year old female, who sustained an industrial injury on 7/25/2003. She reported left arm pain. The injured worker was diagnosed as having cervical herniated disk disease, and cervical radiculopathy. Treatment to date has included urine drug screening, medications, and surgery, x-rays, magnetic resonance imaging, cervical epidural steroid injection, and neurodiagnostic studies. The request is for x-rays of the cervical spine. On 2/11/2015, she complained of neck pain. The treatment plan included: medications, and follow up. On 3/23/2015, she complained of neck pain with upper extremity numbness. The treatment plan included x-rays and electrodiagnostic studies. The records indicate physical therapy to have helped improve her mobility.

IMR ISSUES, DECISIONS AND RATIONALES

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

AP and lat cervical x-rays for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): table 8 - 7. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178, 179.

Decision rationale: Based on the 03/23/15 progress report provided by treating physician, the patient presents with neck and bilateral arm pain. The patient is status post shoulder surgery x2, left hand surgery x4, and left elbow surgery, unspecified dates. The request is for AP and LAT Cervical X-Rays for the Cervical Spine. Patient's diagnosis per Request for Authorization form dated 04/07/15 includes Degeneration of cervical intervertebral disc. Physical examination to the cervical spine on 03/23/15 revealed no tenderness to palpation. Range of motion within normal limits, but painful on flexion, right and left lateral bending. Decreased bilateral upper extremity reflexes 2/4. Numbness to left upper extremity from C4-T1 distribution. Treatment to date has included urine drug screening, medications, and surgery, x-rays, magnetic resonance imaging, cervical epidural steroid injection, and neurodiagnostic studies. Patient medications include Flexeril, Ambien, Lyrica, Celebrex, and Aspirin. The patient is disabled, per 10/02/14 progress report. Treatment reports were provided from 10/02/14 - 03/23/15. ACOEM guidelines on special studies for C-spine Chapter 8 (p177, 178) states: "X-rays: Initial studies may be warranted only when potentially serious underlying conditions are suspected like fracture or neurologic deficit, cancer, infection or tumor. (Bigos, 1999) (Colorado, 2001); 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." MTUS/ACOEM chapter 8, table 8-7 on page 179, states: Cervical radiographs are most appropriate for patients with acute trauma associated with midline vertebral tenderness, head injury, drug or alcohol intoxication, or neurologic compromise. UR letter dated 04/15/15 states "Flexion/ extension x-rays with AP and lateral cervical spine obtained on 03/23/15 and interpreted by treating physician reported no instability and lateral x-rays showed relative preservation of the disc space heights except for C5-6 where there is disc space narrowing..." It appears this is a retrospective request. Treater has not provided medical rationale for the request. In review of medical records, treater has not documented suspicion of potentially serious underlying conditions like fracture or neurologic deficit, cancer, infection or tumor. This request does not meet guideline indication. Therefore, the request is not medically necessary.