

Case Number:	CM15-0091987		
Date Assigned:	05/18/2015	Date of Injury:	11/10/2010
Decision Date:	06/24/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/12/2015

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 48 year old female, who sustained an industrial injury on 11/10/10. The injured worker has complaints of pain in her neck and headaches. The documentation noted that there was a decreased range of motion of the cervical spine with pain and there was slight trapezial and paracervical tenderness on the right. The diagnoses have included cervical arthrosis with radiculopathy and tension headaches; trapezial and paracervical strain and right cubital tunnel syndrome and status post right lateral epicondylar repair. Treatment to date has included non-steroidal anti-inflammatory medications for her chronic pain and inflammation; voltaren and prilosec; magnetic resonance imaging (MRI) of the cervical spine on 3/17/14 showed right C4/5 disc protrusion, spinal cord impingement/central stenosis and cervical spine X-rays on 4/15/15 demonstrated loss of lordosis, diffuse degenerative changes. The request was for 1 cervical spine X-Rays AP, lateral, Flex/Ext.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Cervical Spine X-Rays Ap, Lateral, Flex/Ext: Upheld

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

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. Cervical spine X-rays AP anterior-posterior, lateral, flexion/extension were requested on 4/15/2015. The orthopedic progress report dated 3/11/15 documented that AP, lateral, flexion and extension cervical spine X-rays were obtained on 3/11/15. The orthopedic progress report dated 4/15/15 documented that the patient had a repeat cervical magnetic resonance imaging MRI on 4/7/15 which showed degeneration and stenosis at C4-5 and C5-6 levels. No new cervical spine injury was reported by the patient. Given the recent performance of a cervical spine MRI on 4/7/15 and AP, lateral, flexion and extension cervical spine X-rays obtained on 3/11/15, the request for repeat cervical spine X-rays on 4/15/15 is not supported. Therefore, the request for cervical spine X-rays is not medically necessary.