

Case Number:	CM13-0055056		
Date Assigned:	12/30/2013	Date of Injury:	03/28/2010
Decision Date:	03/27/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	11/20/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, has a subspecialty in Fellowship trained in Spine Surgery and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 43-year-old female who reported an injury on 03/28/2010, after a twisting motion that produced a sudden onset of neck pain. The patient was treated conservatively with medications, physical therapy, and epidural steroid injections. The patient underwent a cervical MRI in 07/2013, which documented the patient had multilevel disc bulges and moderate to severe multilevel neural foraminal narrowing. The patient's most recent clinical evaluation documented that the patient had continued pain complaints described as 9/10, and exacerbated with movements. The patient's objective findings included restricted range of motion secondary to pain, described as 40 degrees in flexion, 50 degrees in extension, 35 degrees in right and left lateral flexion, and 70 degrees in right and left rotation. The patient's diagnoses included cervical disc protrusion and cervical radiculopathy. The patient's treatment plan included ibuprofen 400 mg 3 times a day as needed for pain, an EMG/NCV and x-rays of the cervical spine, and a psychological screening in preparation for spine surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-rays of the cervical spine with AP, lateral, flexion, and extension 72050: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The requested x-rays of the cervical spine with AP, lateral, flexion, and extension, 72050, is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine does not support the need for x-rays in the absence of red flag conditions. The clinical documentation submitted for review does not provide any evidence that the patient has any red flag conditions that would warrant this diagnostic study. Additionally, it is noted within the documentation that the patient underwent an MRI in 07/2013. The clinical documentation does not address the need for additional diagnostic imaging studies. There is no explanation of how this additional imaging study will contribute to the patient's treatment planning. As such, the requested x-rays of the cervical spine with AP, lateral, flexion, and extension, 72050, is not medically necessary or appropriate.