

Case Number:	CM13-0029765		
Date Assigned:	11/01/2013	Date of Injury:	05/22/1997
Decision Date:	04/18/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/25/2013

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. The expert reviewer is Board Certified in Family Practice 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 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/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 59-year-old male who reported an injury on 05/22/1997. The patient was reportedly injured while getting into a car. The patient was seen by [REDACTED] on 02/08/2013. The patient presented for a pump refill. The patient reported an average pain of 5/10. Physical examination revealed decreased range of motion of the cervical spine, guarding, and an antalgic gait. The patient was diagnosed with rule out degenerative facet disease in the cervical spine, chronic pain syndrome, back pain with radiculopathy, pain in the thoracic spine, cervicgia, post-laminectomy syndrome, and status post insertion of programmable spinal drug infusion pump. Treatment recommendations included continuation of chiropractic therapy, continuation of progressive daily stretching, and a urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

The series of cervical spine x-rays performed on 2/8/13: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

Decision rationale: California MTUS/ACOEM Practice Guidelines state for most patients presenting with true neck or upper back problems, special studies are not needed unless a 3 or 4 weeks' period of conservative care and observation fails to improve symptoms. As per the documentation submitted, there was no evidence of a significant change in the patient's symptoms or physical examination findings. There is no clear rationale as to why the imaging studies were obtained at that time. Based on the clinical information received, the request is non-certified.