

Case Number:	CM13-0040318		
Date Assigned:	12/20/2013	Date of Injury:	01/14/2007
Decision Date:	02/28/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/29/2013

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 Physical Medicine & Rehabilitation and is licensed to practice in New York and Texas. 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 57 year old male who reported an injury on 01/14/2007. The mechanism of injury was not submitted. The patient complained of neck pain with radiation to the bilateral arms. The patient was diagnosed with pain disorder, primary insomnia and depressive disorder. The progress reported dated 09/13/2013 objective findings stated the patient had decreased range of motion. The patient reported temporary relief after physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT scan of the cervical spine: 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): 117-179.

Decision rationale: The patient is a 57 year old male who complained of neck pain with radiation to the bilateral arms due to a work related injury. The progress note dated 09/13/2013 stated the patient had decreased range of motion and had been treated with physical therapy with some temporary relief. CA MTUS/ACOEM states for most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of

conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out. However, no physical examination, functional deficits, other conservative treatment findings were submitted. Given the lack of documentation, the request is non-certified.

X-ray of the cervical spine ap, lt, flex, ext RFA: 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): 117-179.

Decision rationale: The patient is a 57 year old male who complained of neck pain with radiation to the bilateral arms due to a work related injury. The progress note dated 09/13/2013 stated the patient had decreased range of motion and had been treated with physical therapy with some temporary relief. CA MTUS/ACOEM 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. No clinical documentations was submitted indicating neurological compromise nor was a physical examination. Given the lack of documentation, the request is non-certified.