

Case Number:	CM13-0042569		
Date Assigned:	12/27/2013	Date of Injury:	08/13/2006
Decision Date:	02/20/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	10/30/2013

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 Internal Medicine, and is licensed to practice in New York. 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 claimant sustained a work related injury on 08/13/2006. He was cutting a tree limb which sprung back towards him, injury his left shoulder and neck. His diagnoses include cervicgia and left shoulder impingement. He continues to complain of neck and left shoulder pain and on exam 09/26/2013 had decreased range of motion in the cervical spine with suboccipital and paraspinal tenderness. There is a positive cervical compression test, with pain radiating down both shoulders bilaterally and positive dysesthesias bilaterally in the C6-C7, and C5-C6 dermatomes on exam with the Watenberg pinwheel. The treating provider has requested a cervical spine x-rays 7 series.

IMR ISSUES, DECISIONS AND RATIONALES

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

A cervical spine x-ray, series of seven views: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 172.

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

Decision rationale: The review of the medical documentation indicates the claimant has a diagnosis of cervicgia since an injury on 08/13/2006. A previous cervical MRI study

demonstrated cervical disc disease at C4-C5, and C5-C6. On exam, there are no neurologic deficits. He has mild sensory deficits consistent with his known discogenic disc disease. According to the Neck and Upper Back Complaints Chapter of the ACOEM Practice Guidelines, cervical spine films are recommended as initial studies when red flags for fracture, or neurologic deficit associated with acute trauma, tumor, or infection are present. In this case, the claimant was injured 7 years ago and there are no significant new neurologic deficits on exam. Medical necessity for the requested radiological studies has not been established. The requested service is not medically necessary. The request for cervical spine x-ray, series of seven views, is not medically necessary or appropriate.