

<b>Case Number:</b>	CM13-0058531		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	12/16/2009
<b>Decision Date:</b>	05/02/2014	<b>UR Denial Date:</b>	10/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/27/2013

### 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 Physical Medicine and Rehabilitation; Pain Management has a subspecialty in Interventional Spine 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 33 year old female with a date of injury of 12/16/2009. The listed diagnoses per [REDACTED] are: 1. Spondylosis, cervical 2. Radiculopathy, cervical 3. Cervicalgia According to report dated 10/23/2013 by [REDACTED], the patient presents with continued neck pain. Examination of the cervical spine revealed no atrophy or wasting of the muscles. Range of Final Determination Letter for IMR Case Number CM13-0058531 3 motion of the cervical spine is "reduced." There is tenderness in the cervical paravertebral region on the left side at the C4-5 and C5-6 level. Spurling's test is negative on the right for radiculopathy. Spurling's test is positive on the left for neck pain only. Treater notes patient has ongoing non-radicular pain which appears to be facetogenic. On the contrary, the treater lists patient's diagnosis as cervical radiculopathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CERVICAL SPINE XRAYS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck Injury

**MAXIMUS guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS  
Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL  
MEDICINE, ACOEM GUIDELINES ON SPECIAL STUDIES FOR C-SPINE, 177-178

**Decision rationale:** This patient presents with continued neck pain. The treater is requesting an X-ray of the cervical spine. ACOEM guidelines on special studies for C-spine (p177,178) states radiography of the c-spine is not recommended except for indications including, "emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program, and clarification of the anatomy prior to an invasive procedure." This patient does not present with any red flags, a new injury, trauma or neurologic dysfunction to warrant X-rays. The treater does not explain why an X-ray is being requested other than for a routine evaluation. The guidelines do not support routine X-ray, therefore the request is not certified.