

Case Number:	CM13-0070715		
Date Assigned:	02/05/2014	Date of Injury:	10/23/2012
Decision Date:	06/12/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	12/26/2013

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 Occupational Medicine, 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck, low back, and shoulder pain associated with an industrial injury of October 23, 2012. Thus far, the applicant has been treated with analgesic medications, transfer of care to and from various providers in various specialties, adjuvant medication, psychotropic medication, and extensive periods of time off of work. In a progress note dated November 19, 2013, the applicant was described as having improved by 50%. The applicant nevertheless reported persistent headache, neck pain, and low back pain. The applicant was presently on Zoloft, Tramadol, Motrin, Prilosec, and Neurontin. The applicant exhibits a flat affect. X-rays of the cervical spine and lumbar spine were sought, along with MRI imaging of the cervical spine. The applicant is placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL X-RAY: 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): 184.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 8, algorithm 8-1, page 184, plain film cervical spine radiographs are recommended in applicants in whom there are red flags for fracture or dislocation present. In this case, however, no clear rationale for the cervical spine series was provided. It was not clearly stated that there were any red flags for fracture or dislocation present. No rationale for the testing question was proffered by the attending provider. There was no mention of any recent trauma, motor vehicle accident, or other issues which will make a fracture or dislocation more likely. Therefore, the request is not medically necessary.