

Case Number:	CM14-0000775		
Date Assigned:	02/07/2014	Date of Injury:	09/23/1998
Decision Date:	06/13/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/02/2014

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 Neurology, has a subspecialty in Neuromuscular 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 patient is a 59-year-old man who sustained a work-related injury on September 23, 1998. Subsequently, he developed chronic neck, shoulders and thoracic pain. According to the note dictated on December 16, 2013, the patient physical examination demonstrated stiffness and tenderness, increased tone and pain to palpation of the cervical paraspinal, splenius cervicis, occipitalis, levator scapula, trapezius, rhomboids, supraspinatus, infraspinatus and deltoid muscles, local tenderness, referred pain and local twitch response with compression of trigger points, anterior flexion to 40 degrees with pain and extension to 10 degrees with some pain. The patient was diagnosed with failed surgery of the cervical spine and chronic moderate to severe neck and shoulder pain, status post three (3) level fusions done in March 2008. The current medications are Flomax, Testosterone, atenolol, Prilosec, Medrol, Lyrica, diazepam, Dilaudid and OxyContin. The provider requested authorization for X-ray of the thoracic spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-RAY OF THE THORACIC SPINE (5 VIEWS): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305,308-310. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), TREATMENT INDEX, 11TH EDITION (WEB), 2013, LOW BACK CHAPTER, RADIOGRAPHY (X-RAYS).

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

Decision rationale: The MTUS/ACOEM Guidelines indicate that for most patients presenting with true neck or upper back problems, special studies are not needed unless a three (3) or four (4) week period of conservative care and observation fails to improve the symptoms. Most patients improve quickly provided any red-flag conditions are ruled out. The guidelines also indicate that x-ray imaging is recommended in neck and upper back complaints in case of suspicion of fracture, neurological deficit related to tumor, trauma and infection. There is no clear evidence that the patient developed new symptoms or have red flags pointing toward thoracic spine damage. Therefore, the prescription of five (5) view x-rays of the thoracic spine is not medically necessary.