

Case Number:	CM14-0001013		
Date Assigned:	01/17/2014	Date of Injury:	10/22/2013
Decision Date:	06/10/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	01/03/2014

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 Physical Medicine and Rehabilitation 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 injured worker is a 51 year old male who reported an injury on 10/22/2013. The mechanism of injury was not provided. Per the 12/04/2013 clinical note, the injured worker reported constant neck and back pain rated at 7-8/10. Examination of the cervical and lumbosacral spine noted range of motion at 70-80% of normal, pain, spasms, and positive Kemp's and compression tests. The injured worker's diagnoses included cervical and lumbar sprain/strain. Treatment to date included 4 acupuncture sessions. An x-ray of the cervical spine performed 11/21/2013 showed degenerative change, discogenic spondylosis at certain levels, and a grade 1 retrolisthesis at C3-4.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-RAY CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter, X-Ray Section.

Decision rationale: The request for an x-ray of the cervical spine is non-certified. ACOEM states the following criteria for ordering imaging studies: emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. The Official Disability Guidelines (ODG) states patients who have no cervical tenderness and no neurologic findings do not need imaging. An x-ray of the cervical spine performed 11/21/2013 showed degenerative changes and grade 1 retrolisthesis at C3-4. The medical records provided do not indicate the emergence of a red flag or neurologic dysfunction. There is also no indication the injured worker participated in a strengthening program or is undergoing an invasive procedure. The medical necessity for a cervical x-ray was not established. As such, the request is not medically necessary or appropriate.