

<b>Case Number:</b>	CM14-0003277		
<b>Date Assigned:</b>	01/31/2014	<b>Date of Injury:</b>	12/22/2010
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	12/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2014

### 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 23 year old female who reported an injury on 12/22/2010. The mechanism of injury was not provided. The exam indicates that the injured worker complained of chronic, sharp knife, burning pain of neck and back. The diagnoses were chronic neck pain secondary to degenerative spondylosis of cervical spine, chronic midback pain secondary to degenerative spondylosis of thoracic spine, chronic low back pain secondary to spondylosis lumbar and chronic pain disorder associated with psychological factors and medical condition. Ibuprofen was the only medication listed. It was reported that she had no benefit from acupuncture and mild benefit from the use of a TENS unit, as well as mild benefit from physical therapy. On physical examination there were trace biceps reflexes, 5/5 bilateral upper extremities strength and sensation. The request for authorization and the rationale were not provided.

### 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:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**Decision rationale:** The request for x-ray cervical spine is not medically necessary. The Neck and Upper Back Complaints ACOEM guidelines state that for most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Criteria for ordering imaging studies include emergence of a red flag; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; clarification of the anatomy prior to an invasive procedure. There is a lack of significant neurological deficits on physical examination to warrant an x-ray study at this time. In addition, there was no rationale for the proposed request. Therefore, the above request is not medically necessary.