

<b>Case Number:</b>	CM14-0006020		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	04/07/1997
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	12/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Orthopedic Surgery, 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 Physician 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 record notes a 63-year-old individual with a date of injury of April 7, 1997. The mechanism of injury reported was that the claimant was standing up in the back of the truck and hit the back of his neck on an overhead rack with a resultant head contusion and cervical strain. Two subsequent injuries while working for the same employer have also been noted. One was on May 13, 1997 when he fell on rocks, injuring the face, head, left shoulder, and spine. The other was on July 9, 1997 when the claimant was lifting a log and felt back pain, as well as pain in the left shoulder. The record indicates x-rays and MRIs were initially obtained at [REDACTED]. Treatment has included pharmacotherapy, physical medicine, and epidural steroid injections. Electrodiagnostic studies and a lumbar MRI are referenced in the medical record, but results are not disclosed. A progress note dated December 4, 2013 indicates that the injured employee complains of neck pain and headaches. The physical examination reveals tenderness to the cervical spine at C4, C5, and C6, as well as the greater occipital region bilaterally. Paraspinal spasms are noted. Trigger points are reported at the trapezius. Deep tendon reflexes (DTRs) and motor testing are normal. Mildly restricted range of motion is noted. Lumbar tenderness is present at L4 and L5 with paraspinal spasms and trigger points at L4 and L5. Range of motion of the lumbar spine is decreased. Sensation, motor strength, and DTRs are normal. A prior progress notes dated July 3, 2013 references only a flare up of low back pain that radiates to the left lower extremity. At that time follow-up in three months was recommended. A progress note dated October 3, 2013 references a complaint of low back and neck pain. No significant changes in the physical exam were noted and follow-up is recommended in three months.

### 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:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS NECK AND UPPER BACK COMPLAINTS CHAPTER (ACOEM PRACTICE GUIDELINES, 2ND EDITION (2004), CHAPTER 8), DIAGNOSTIC INVESTIGATIONS: X-RAYS ) (ROENTGENOGRAMS); and the non-MTUS Citation: OFFICIAL DISABILITY GUIDELINES (ODG), NECK AND UPPER BACK: RADIOGRAPHY.

**Decision rationale:** ACOEM guidelines do not support routine use of radiographs for non-specific cervicothoracic pain. Additionally, the ODG guidelines support radiographs in select clinical settings of chronic neck pain as a first study with a history of trauma, and in the acute setting of trauma. The record indicates that the first study radiographs were obtained at [REDACTED]. The record indicates MRIs have been provided, but does not reference the results. Physical examination does not provide any documentation of symptomatology or physical examination findings that warrant performing a repeat x-ray of the cervical spine. As such, this request does not meet guideline criteria, and is recommended as not medically necessary.