

Case Number:	CM14-0007843		
Date Assigned:	02/07/2014	Date of Injury:	11/30/2013
Decision Date:	07/11/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	01/17/2014

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 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:

This is a 57-year-old female who was injured on November 2, 2013 due to cumulative trauma. On December 30, 2013, the patient complained of neck and upper back. She reports constant neck pain that is sharp, throbbing, and stabbing in nature. It is exacerbated by repetitive movements and radiates into bilateral upper extremities. Objective exam shows slight paraspinal muscular tenderness bilaterally. Diagnostic Impression: Cervical Sprain, Headache, and Radiculitis. Treatment to date: activity modification, physical therapy, medication management. A January 10, 2014 UR decision denied the request for a cervical x-ray because there was no objective exam findings suggestive of any significant cervical spine pathology to warrant an x-ray. There was also no recent evidence of initiation and subsequent failure with recommended conservative care to further support its necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 X-RAY OF THE CERVICAL SPINE: 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): 179-180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Chapter: Radiography.

Decision rationale: The Neck and Upper Back Complaints Chapter of the ACOEM Practice Guidelines supports imaging studies with red flag conditions; 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 and definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. This patient is noted to have neck pain, with slight tenderness on physical exam. She has tenderness to the cervical spine on examination. The ODG supports cervical x-rays in the setting of chronic neck pain after three months of conservative treatment. This patient has a November 2013 date of injury and the request for a cervical spine x-ray was made on December 30, 2013, less than six weeks later. There is no evidence of a red-flag diagnosis to warrant immediate imaging studies. There is no documentation of persistent neck pain despite three months of conservative treatment. The request for one x-ray of the cervical spine is not medically necessary or appropriate.