MAXIMUS Federal Services

Case Number:	CM14-0009984		
Date Assigned:	02/21/2014	Date of Injury:	05/23/2001
Decision Date:	07/24/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/27/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 62-year-old female who has submitted a claim for trigger finger (acquired), pain in lower leg joint, brachial neuritis/radiculitis, lumbosacral sprain/strain, chronic pain due to trauma, unspecified derangement of medial meniscus, and cervical spondylosis without myelopathy associated with an industrial injury date of May 23, 2001.Medical records from 2012-2013 were reviewed. The patient complained of chronic neck pain, grade 5-8/10 in severity. The pain radiates to the trapezius and intrascapular area bilaterally. There was stabbing pain and was almost constant with associated numbness and tingling of the neck and face. The pain was aggravated by twisting or turning. There was associated headaches to the parietal-temporal and pressure to the retrobulbar area. Physical examination showed moderate tenderness over the left paravertebral musculature, mild on the right. There was slight concavity of the cervical spine to the right. Moderate tightness was noted on the trapezius bilaterally. Range of motion of the cervical spine was limited. MRI of the cervical spine, dated March 11, 2009 revealed multilevel degenerative changes. Official report of the imaging study was not available.Treatment to date has included medications, home exercise program, activity modification, transcutaneous electrical nerve stimulation (TENS) unit, psychotherapy, and viscosupplementation of bilateral knees.Utilization review, dated December 31, 2013, denied the request for x-ray of cervical spine because there was no further information presented relative to the need for x-ray of the neck, and there was no presenting evidence of trauma, tumor, or infection.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-RAYS OF THE CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180.

Decision rationale: As stated on pages 179-180 of the ACOEM Practice Guidelines, 2nd (2004) referenced by CA MTUS, guidelines support x-ray of the cervical spine in patients with red flag conditions, physiologic evidence of tissue insult or neurologic dysfunction, or failure to progress in a strengthening program intended to avoid surgery. In this case, the patient was requested to undergo cervical spine x-ray because cervical spine symptoms persist and are significant with limitation of motion. However,there is no documentation of new injury or trauma to the spine. Also, there is no worsening of subjective complaints and objective findings that may warrant further investigation by utilizing x-ray. There was no documentation of red flag conditions and failure to progress in a strengthening program. recent clinical progress reports also do not show evidence of tissue insult or neurologic dysfunctions. therefore, the request for x-rays of the cervical spine is not medically necessary.