

Case Number:	CM14-0106752		
Date Assigned:	07/30/2014	Date of Injury:	03/20/2009
Decision Date:	10/10/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/10/2014

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 Nevada. 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 records presented for review indicate that this 57-year-old female was reportedly injured on 20 March 2009. The most recent progress note, dated June 25, 2014, indicates that there are ongoing complaints of bilateral shoulder pain that radiates to the upper extremities. Current medications include Trazodone, Zoloft, Flexeril, Gabapentin, Imitrex, Norco, and Omeprazole. The physical examination demonstrated decreased right shoulder range of motion with flexion to 160 degrees, abduction to 120 degrees, internal rotation to 30 degrees, and external rotation to 75 degrees. There was a positive Hawkins test, Neer's test, and drop arm test. There was tenderness at the acromioclavicular joint and subdeltoid bursa. There was full range of motion of the left shoulder and a positive Hawkins and Neer's test and also tenderness at the acromioclavicular joint. There was altered sensation over the C6 dermatomal on the right side. No prior diagnostic studies of the cervical spine have been performed. Previous treatment includes oral medications. A request had been made for x-rays of the cervical spine and was non-certified in the pre-authorization process on July 3, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Spine X-Ray: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Current Edition; Cervical and Thoracic Spine Disorders, Clinical Measures: Diagnostic Investigations (Electronically sited)

Decision rationale: The California MTUS/ACOEM practice guidelines support plain radiographs in patients with subacute or chronic neck pain when with red flags (e.g., dangerous mechanism of injury, age over 65 years, parenthesis in extremities) and not improving with conservative treatment. The injured employee has had cervical spine symptoms since March 2009 and the most recent physical examination dated June 25, 2014, has abnormal neurological findings of the upper extremity. Considering this, the request for a cervical spine x-ray is medically necessary.