

<b>Case Number:</b>	CM14-0010612		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	08/04/2009
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	01/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 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 patient is a 59-year-old female who has submitted a claim for cervical sprain/strain associated with an industrial injury date of August 4, 2009. Medical records from 2010 to 2014 were reviewed. The patient complained of neck pain. Physical examination showed tenderness, spasms, and slightly reduced ROM of the cervical spine. Treatment to date has included NSAIDs, muscle relaxants, home exercise programs, chiropractic sessions, and physical therapy. Utilization review from January 20, 2014 denied the request for x-ray of the cervical spine due to absence of red flag conditions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**X-RAY OF THE 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): 179-180.

**Decision rationale:** According to page 179-180 of the ACOEM Practice Guidelines referenced by CA MTUS 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; and clarification of the anatomy prior to an invasive procedure. In this case, the patient reported chronic neck pain. However, physical examination failed to document red flag conditions. The medical records have long intervals with each visit; the status of the cervical spine cannot be clearly determined. There is no new injury to the cervical spine. Therefore, the request for x-ray of the cervical spine is not medically necessary.