

Case Number:	CM14-0139101		
Date Assigned:	09/05/2014	Date of Injury:	05/10/2011
Decision Date:	10/16/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	08/27/2014

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 & 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 45 year-old male was reportedly injured on 5/10/2011. The mechanism of injury is noted as a head injury sustained while loading 5 gallons of containers onto a hand truck. The most recent progress note, dated 6/23/2014, indicates that there were ongoing complaints of chronic neck pain. The physical examination demonstrated cervical spine: full range of motion, mild tenderness to palpation midline through upper cervical musculature. Negative Spurling's. Full muscle strength bilaterally. Sensation intact to light touches bilaterally. Reflexes 2+ equal bilaterally. No recent diagnostic studies were available for review. Previous treatment includes medications and conservative treatment. A request had been made for x-rays of the cervical spine and was not certified in the pre-authorization process on 8/21/2014.

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(anteroposterior, lateral, flexion and extension views): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental

Medicine (ACOEM), 2nd Edition, (2004) ACOEM: Current Edition; Cervical and Thoracic Spine Disorders, Clinical Measures: Diagnostic Investigations. (Electronically Cited).

Decision rationale: CA MTUS guidelines recommend radiographs of the cervical spine for patients with red flags (e.g., dangerous mechanism of injury, age over 65 years, paresthasias in extremities), subacute or chronic cervicothoracic pain particularly when not improving. Obtaining x-rays once is generally sufficient. Repeat films are usually reserved for significant changes in clinical status, i.e., significant worsening of existing symptoms or development of new symptoms. After review the medical documentation provided, it is unable to identify any "red flags" in physical examination or history present illness. Therefore, this request for imaging studies is deemed not medically necessary.