

Case Number:	CM14-0152475		
Date Assigned:	09/22/2014	Date of Injury:	02/17/2010
Decision Date:	10/29/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/18/2014

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 and Pain Medicine and is licensed to practice in Florida. 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 injured worker is a 42-year-old male who reported an injury on 02/17/2010 while working as a factory worker. His occupation required him to frequently stand, bend, twist, turn, kneel, climb, grip, and grasp where he began to experience pain to the neck, the bilateral shoulders and the lower back. The injured worker had history of bilateral shoulders and lower back pain. The injured worker reported his neck pain is 6/10 to 7/10. The diagnoses included cervical spine herniated nucleus pulposus, status post left shoulder surgery, right shoulder sprain/strain, lumbar spine herniated nucleus pulposus and psychological symptoms. Diagnostic studies include x-ray of the cervical spine dated 06/13/2014 that revealed mild retrolisthesis of the C4 on C5 and possibly a 1 mm to 2 mm retrolisthesis of C5 on C6. Past treatments included physical therapy, acupuncture therapy, and medication. The medications included naproxen, Omeprazole, mirtazapine, gabapentin, and hydrocodone. The objective findings dated 07/11/2014 of the cervical spine revealed tenderness to palpation with muscle spasm of the left sided paraspinal musculature with limited and painful range of motion, particular upon flexion, extension, and rotation. Cervical compression test was negative. The plan included an x-ray of the cervical spine. The request for authorization was not submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 181. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES- NECK & UPPER BACK

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

Decision rationale: The request for x-ray cervical spine is not medically necessary. The California MTUS/ACOEM Guidelines indicate for most patients presenting with true neck or upper back problems, special studies are not needed unless a 3 to 4 week period of conservative care and observation and fails to improve symptoms. Most patients improve quickly, provided any red flag conditions are ruled out which can include emergence of a red flag, physiological evidence of tissue insult or neurological dysfunction, failure to progress in a strengthening program intended to avoid surgery, or clarification of the anatomy prior to an invasive procedure. Physiological evidence may be in the form of definitive neurological findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve components of the neurologic examination are significant evidence to warrant imaging studies if symptoms persist when the neurological examination is less clear however, the physiological evidence of nerve dysfunction may be obtained before ordering an imaging study. The documentation indicated that the injured worker just had an x-ray done on 06/13/2014 and no new changes have happened, no new evidence of findings. The injured worker did not meet the above criteria to warrant another x-ray. As such, the request is not medically necessary.