MAXIMUS Federal Services

Case Number:	CM14-0163306		
Date Assigned:	10/08/2014	Date of Injury:	04/21/2014
Decision Date:	11/24/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	10/03/2014

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 Internal Medicine 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 had an injury on 4/21/14 at work .His diagnoses were cervical sprain, cervical myofascitis, cervical muscle spasm, throracic sprain, thoracic myofascitis, lumbar strain, lumbar spasm, and lumbar myofascitis. On 6/13/14 he was seen by his M.D. and complained of constant severe headache, throbbing neck pain, constant severe upper/mid back pain, and constant severe low back pain and cramping and radiation of the pain to the bilateral legs. He had a positive cervical compression and shoulder compression test. Also, there was muscle spasm and tenderness of the thoracic paravertebral muscles and 3 plus tenderness of the lumbar paravertebral muscles on palpation with associated muscle spasm and positive straight leg raise test on the left leg. The M.D. noted the patient was being treated with chiropractic treatment, PT, and kinetic activation 2-3 times per week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray cervical, thoracic and lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation ODG, Neck and Upper back, Radiography (x-rays)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 177 289, 296 303.

Decision rationale: The chapter on the neck and upper back in the MTUS states that most patients with true pain in the upper back and neck do not need x-rays unless 3 to 4 weeks of conservative care and observation fail to improve the symptomatology. Earlier criteria for x-rays are the emergence of red flags which would cause suspicion of tumor, cord compression, fracture, or infection. Also, physiological evidence of tissue injury or neurological dysfunction would prompt consideration of earlier imaging.The low back section of the MTUS states that the initial evaluation should also check for red flags which could indicate possible infection, tumor, cauda equina syndrome, or acute dislocation. It also states that lumbar spine films are not recommended in the absence of red flag warnings even if pain exceeds 6 weeks of duration unless the x-rays help patient management. It also stated that objective findings of nerve compression warrant x-rays if there is no response to treatment.In the above patient we find that the initial injury occurred on 4/21/14 and that the pain was still severe after almost 5 months of conservative treatment with PT and chiropractic care. We also find that the exam shows signs of possible nerve compression with a positive neck compression test and positive straight leg test. Therefore, it is reasonable at this point to order screening c spine, thoracic spine, and lumbar spine x-rays. Therefore, the request is medically necessary.