

Case Number:	CM14-0165675		
Date Assigned:	10/10/2014	Date of Injury:	03/20/2009
Decision Date:	12/03/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/08/2014

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 Pain 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 injured worker is a 57-year-old female who sustained an injury on 3/20/09. As per the 9/24/14 visit, She presented with progressive bilateral hand numbness and tingling in all five fingers, predominantly the thumb, ring, and small fingers. Examination from this visit did not document any positive findings except that her Tinel's, Phalen's, and Durkan's tests were all slightly positive. Examination of the cervical spine from the 6/23/14 visit revealed restricted ROM with limited flexion, extension, lateral rotation bilaterally and tenderness of the paravertebral muscles bilaterally. Spurling's maneuver caused pain in the muscles of the neck radiating to upper extremity. She had a positive EMG/nerve conduction study in early 2013. MRI of the lumbar spine dated 5/17/11 revealed bony and disc degenerative changes at multiple levels with disc bulges, disc space narrowing and endplate and facet spurring. MRI of the right shoulder was suggestive of a full thickness supraspinatus tear for which shoulder surgery was recommended. She is currently on Trazadone, Norco, Flexeril, Zoloft, Gabapentin, Imitrix, and Omeprazole. She was previously treated with physical therapy and splinting. The review of the reports submitted suggests that she is being treated for low back pain and shoulder pain under the present claim. There was no information regarding the changes or findings pertaining to cervical spine or any treatments relevant to cervical spine. However, the reports dated 5/19/14 and 6/23/14 documented that she presented with neck pain radiating down to the left arm and the report on 4/14/14 documented she continued to have pain at the base of her neck. Diagnoses include probable bilateral carpal tunnel versus cubital tunnel syndrome, cervical spine pain, lumbar spine pain and shoulder pain. The request for X-ray series of the cervical spine was denied on 9/30/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-Ray Series of the Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

Decision rationale: Per MTUS/ACOEM guidelines, special studies are not needed unless three-four weeks of conservative care and observation fails to improve symptoms. Criteria for X-Rays of the Cervical Spine include: when there is physiological evidence of tissue insult or neurological dysfunction, red flags or for clarification of the anatomy prior to an invasive procedure. The medical records do not document any of the above indications. Therefore, the request is considered not medically necessary based on the available clinical information.