

Case Number:	CM14-0169630		
Date Assigned:	10/17/2014	Date of Injury:	06/26/2014
Decision Date:	11/24/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	10/14/2014

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 Occupational 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 applicant is a represented [REDACTED] employee, who has filed a claim for neck pain reportedly associated with an industrial injury of June 26, 2014. Thus far, the applicant has been treated with the following: Analgesic medications; opioid agents; unspecified amounts of physical therapy; and trigger point injection therapy. In a Utilization Review Report dated September 12, 2014, the claim administrator denied a request for x-rays of the cervical spine. A variety of non-MTUS guidelines were invoked, including Third Edition ACOEM Guidelines, which were mislabeled as originating from the MTUS. In a progress note dated October 20, 2014, the applicant reported ongoing complaints of neck pain radiating to the bilateral upper extremities, right greater than left. The applicant was working as a food preparer with a 10-pound lifting limitation. The applicant stated she was being harassed by her supervisor. The applicant was on Norco for pain relief, but reported some sedation with the same. The applicant was also using Naprosyn and Prilosec. The applicant received trigger point injection therapy in the clinic setting and was asked to continue with physical therapy. The 10-pound lifting limitation was renewed. In a July 18, 2014, progress note, the attending provider sought authorization for x-rays of the right shoulder and cervical spine. A 10-pound lifting limitation was endorsed. It was suggested that the applicant had alleged pain secondary to a specific, discrete injury as opposed to secondary to cumulative trauma. The applicant's neck pain was described as predominantly axial in nature.

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: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation ODG Neck and Upper Back/Radiography

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 8, Table 8-8, page 182, the routine usage of radiography/plain films of the cervical spine/x-rays of the cervical spine is deemed "not recommended" if red flags are absent. In this case, it was not clearly stated for what purpose the x-rays of the cervical spine were being sought. There was no mention of any red flag diagnoses such as fracture, tumor, infection, etc., being suspected or present here. The fact that x-rays of the cervical spine were being sought in conjunction with x-rays of the shoulder did imply that these studies were being sought and/or performed in a routine manner with no clearly formed intention on acting on the results of the same. Therefore, the request is not medically necessary.