

Case Number:	CM14-0172451		
Date Assigned:	10/23/2014	Date of Injury:	08/09/2013
Decision Date:	12/10/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/17/2014

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 chronic low back pain reportedly associated with an industrial injury of August 9, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; muscle relaxants; and unspecified amounts of physical therapy over the course of the claim. The applicant apparently did have a history of earlier lumbar spine surgery in 1995 and earlier cervical surgery in 1999, both of which apparently preceded the industrial injury. In a Utilization Review Report dated October 2, 2014, the claims administrator denied a request for x-rays of the cervical spine. The claims administrator suggested that its denial was based on progress notes and RFA forms of September 5, 2014, September 17, 2014, and September 26, 2014. The claims administrator based its denial on a lack of documentation and the failure of conservative care, despite the fact that the applicant was over a year removed from the date of injury as of the date of the request. The applicant's attorney subsequently appealed. The applicant apparently underwent several epidural steroid injections, including on May 22, 2014 and September 9, 2014. In a progress note dated October 1, 2014, the applicant stated that he experienced dramatic improvement following the most recent epidural steroid injection. The applicant had reportedly returned to full time work as a driver. The applicant was using Motrin and Flexeril for pain relief. All of the reporting on this date was confined to the applicant's low back complaints. In a progress note dated September 17, 2014, the applicant reported ongoing complaints of low back pain radiating into bilateral legs. Cervical spine pain was also appreciated, moderate in severity, non-radiating. The applicant's history of earlier cervical and lumbar spine surgeries was eluded too. 5/5 upper extremity strength was appreciated with tenderness about the cervical paraspinal musculatures and trapezius musculature. X-rays of the cervical spine and lumbar spine were endorsed, along with

MRI imaging of the cervical spine and thoracic spine. The attending provider stated that he was ordered imaging studies of the neck to rule out any spinal cord compression. 5/5 upper extremity strength was appreciated on this date, however.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-rays cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation California Medical Treatment Utilization Schedule (MTUS), 2009, American College of Occupational and Environmental Medicine, (ACOEM), Occupational Medical Practice Guidelines, Second Edition (2004)

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

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 8, Table 8-8, page 182, the routine usage of radiography of the cervical spine is "not recommended" in the absence of red-flag signs or symptoms. Here, there was no mention of any red-flag signs or symptoms involving the cervical spine. The bulk of the attending provider's reporting focused on the applicant's low back pain complaints. There was comparatively little to no mention made of cervical spine issues. The presentation on the office visit in question, September 17, 2014, suggested that the applicant's primary pain generator was muscular neck pain. The fact that MRI studies and x-rays of numerous body parts were sought in parallel does imply that the x-rays in question were being performed for routine or evaluation purposes with no clear intention of acting on the results of the same. Therefore, the request is not medically necessary.