

Case Number:	CM14-0020843		
Date Assigned:	04/30/2014	Date of Injury:	06/28/2011
Decision Date:	07/08/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	02/19/2014

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:

EMG (electromyography)/NCS (nerve conduction study) dated September 30, 2013 reveals electrodiagnostic evidence of moderate carpal tunnel syndrome in the left hand and there is no electrodiagnostic evidence of cervical radiculopathy. Clinic report dated November 25, 2013 states the patient has persistent headaches rated a 7.5/10. They occur in the bioccipital and bifrontal region five to six times a week. There are no associated symptoms of nausea, vomiting, seizure or visual abnormality. He reports persistent cervical pain rated as 9/10. He states the pain radiates to the left arm. He has weakness of the hands bilaterally and there are no sensory disturbances over the arms. He also reports persistent left shoulder pain rated at 8/10; lumbar pain rated at 8/10; and lumbar pain is bilaterally, left greater than right leg. On exam, he is unable to walk on heels and toes. His range of motion of the cervical spine is restricted to 80% of normal because of pain. Straight leg raise is positive at 30 degrees bilaterally. Range of motion of the lumbosacral spine is restricted to 40% of normal because of pain. PR2 dated February 24, 2014 documents the patient is diagnosed with cervicothoracic strain/sprain; left bicep tendon/ruptured; lumbosacral sprain/strain acute lumbar disc protrusion on the left. Prior UR dated February 12, 2014 states the request for X-ray of the cervical spine is non-certified as there is no documented evidence to support medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

XRAY OF CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Radiography (x-rays).

Decision rationale: The ODG guidelines recommend x-ray of the cervical spine after acute spine trauma when certain criteria are met or after three months of neck pain that has failed conservative therapy. The clinical documents state the patient's injury was in June 2011 and at that time a CT of the spine showed no acute fractures. The clinical documents provided do not give a clear history of the patient's pain and neurological complaints. The notes do not adequately discuss conservative therapies that have tried and failed. Many of the notes are handwritten and illegible. There is no discussion of how x-rays of the spine would alter management or what possible diagnoses are being evaluated with the imaging. The request for an x-ray of the cervical spine is not medically necessary or appropriate.