

<b>Case Number:</b>	CM14-0024737		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	02/25/2010
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	02/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2014

### 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 is licensed to practice in Nevada. 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 44 year-old gentleman was reportedly injured on February 25, 2010. The mechanism of injury was noted as transporting a patient at work. The most recent progress note indicated there were ongoing complaints of neck and low back pains. The physical examination demonstrated a decreased range of motion Diagnostic imaging studies objectified the sequelae of the multiple previous surgical interventions. A request was made for repeat plain films of the cervical spine and was not certified in the pre-authorization process dated February 3, 2014. Plain films of the lumbar spine were completed in November 2013. There was evidence of degenerative disease, facet joint hypertrophy and other degenerative changes. No acute pathology was identified. Plain films of the chest were obtained. Enhanced imaging studies of the lumbar spine were completed. The records also reflect the injured employee has undergone multiple lumbar surgeries, and a cervical procedure was completed in February 2013. Postoperative rehabilitation included physical therapy and other measures, and no other medications were noted. An additional lumbar surgery was completed in December 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**AP AND LATERAL X RAY OF THE 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 9 Shoulder Complaints  
Page(s): 196.

**Decision rationale:** When noting the date of injury, the numerous comorbidities, the fact that a cervical spine surgery was completed approximately one year prior and that there were no specific complaints or findings on physical examination, there is insufficient clinical data presented that would require repeat plain films of the cervical spine. As such, based on this lack of clinical information, this request is not medically necessary.