

<b>Case Number:</b>	CM14-0028378		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	05/22/1998
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	02/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2014

### 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 Family 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:

This injured worker's date of injury is 05/22/1998. The patient receives treatment for the medical diagnosis of degenerative disc disease of the cervical spine. Medical records provided report that the original injury was the result of a lifting injury. Initially, the patient received chiropractic treatment, a TENS unit, traction, and physical therapy. The patient underwent anterior cervical discectomy and spinal fusion C4 - C7. The patient has opioid dependence. The treating physician's request for Authorization for Medical Treatment form dated 01/23/2014, states the diagnosis is left bicipital tendonitis. The request is for a cervical spine x-ray.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 X-RAY TO CERVICAL SPINE AS OUTPATIENT:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165 -172.

**Decision rationale:** The patient receives treatment for chronic neck pain. On the treating physician's request for treatment report, the physician states the patient's pain has increased on stopping the Lyrica. The patient continues a home exercise program. The patient has neck pain

which is tender to the touch. The stated diagnosis is left biceps tendonitis, left sub deltoid bursitis, and left trapezius myofascial pain. The request is for a cervical spine x-ray. There are neither signs of new radicular findings nor any clinical red flags. In light of the fact that the patient's injury dates back to 1998 and given the diagnoses stated above, the request for another cervical spine x-ray is not medically necessary, per MTUS guidelines.