

Case Number:	CM14-0031414		
Date Assigned:	04/09/2014	Date of Injury:	10/25/2008
Decision Date:	05/28/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	02/04/2014

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 patient has filed a claim for cervicalgia associated with an industrial injury of October 25, 2008. In a utilization review report of January 06, 2014, the claims administrator denied a request for x-ray of the cervical spine as patient had previous evaluation of the cervical injury and there were no medical indications for an x-ray described. The review of progress notes reports neck, upper extremity, and back pain. The patient is unable to do any activity. There is decreased sensation in the C6 and C7 distribution bilaterally, and weakness in the right biceps and triceps. Cervical MRI (magnetic resonance imaging) from January 18, 2012 showed multi-level degenerative changes with mild acquired central canal stenosis at C4 to 5 through C6 to 7, and mild to moderate foraminal narrowing at C5 to C6 and C6-7. Of note, the patient sustained brain trauma during the injury with subdural hematoma and neurologic sequela. The documentation provided does not indicate treatment to date aside from hospitalizations during the initial injury. The patient has not had any surgery. The patient is only taking medication for hypertension.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-RAY CERVICAL SPINE: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180.

Decision rationale: The CA MTUS/ACOEM supports imaging studies with red flag conditions; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; clarification of the anatomy prior to an invasive procedure and definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. In this case, there is note of previous cervical MRI (magnetic resonance imaging) in 2012 showing foraminal narrowing and disc degeneration, at the time when physical examination did not show any neurological deficits. The latest progress note dated 12/17/13 indicates that the patient describes pain in his neck and hands, and on examination found to have decreased sensory and motor function in the C6 and C7 nerve distributions of the upper extremities and normal range of motion of the cervical spine. The provider notes that he had no medical records to review, and appears unaware of a cervical MRI in 2012. Per CA MTUS/ACOEM, the criteria for X-rays of the cervical spine include the following: a history of direct trauma, blow to the head, any significant whiplash type injury, or any significant fall; whiplash with any evidence of neurologic deficit or persistent pain; chronic, slow onset of pain, especially if it is increasing or night pain; a history of systemic disease such as cancer, long-term steroid therapy, or alcohol abuse; patients over 50 years of age with any question of etiology of symptoms; and patients with significant stiffness of the cervical spine. Considering that this patient doesn't meet any of the above criteria for having x-rays of the cervical spine, and considering that the patient had a cervical MRI in 2012, a report of which the provider should seek, an x-ray of the cervical spine is not medically necessary at this time.