

Case Number:	CM14-0032390		
Date Assigned:	06/20/2014	Date of Injury:	02/18/2004
Decision Date:	08/13/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	03/13/2014

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 53-year-old male who was reportedly injured on 2/18/2004. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated 2/14/2013, indicated that there were ongoing complaints of neck pain and bilateral shoulder pains left greater than right. The physical examination demonstrated vital signs stable, positive Spurling's test, positive tenderness over the lumbar paravertebral muscles, cervical/lumbar facet tenderness, paravertebral tenderness, left bicep deep tendon reflexes decreased, sensation intact to light touch upper and lower extremity with the exception of the left L5 dermatome and decreased light touch left C6 dermatome bilaterally. No recent diagnostic studies were available for review. Previous treatment included previous surgery, physical therapy, medications, and conservative treatment. A request had been made for cervical spine x-ray and was not granted in the pre-authorization process on 2/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-Ray for the Cervical spine.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

Decision rationale: The X-ray is recommended for sub acute cervicothoracic pain that is not improving or chronic cervicothoracic pain. Patients with red flags (e.g., dangerous mechanism of injury, age over 65 years, paresthesias in extremities) and sub acute or chronic cervicothoracic pain particularly when not improving. After review of the medical records provided, it was noted the patient has had previous surgery, injury 10 years ago, and some tenderness on physical examination. There was no clear indication as to the reason this x-ray has been requested. The injured worker's physical examination did not contain any specific red flags, which would necessitate this test. Therefore, this study is not medically necessary at this time.