

Case Number:	CM14-0045159		
Date Assigned:	07/02/2014	Date of Injury:	03/15/2013
Decision Date:	08/13/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	04/14/2014

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 Orthopedic Surgery, 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 injured worker is a 39-year-old female who reported an injury on 03/15/2013. The mechanism of injury was not stated. Current diagnoses include cervical spine enthesopathy, cervical spine rule out herniated nucleus pulposus, right upper extremity radiculitis, lumbar spine enthesopathy, and lumbar spine rule out herniated nucleus pulposus. The latest physician progress report submitted for this review is dated 01/20/2014 and is incomplete. It is noted that the injured worker was initially sent for a course of physical therapy, acupuncture, medication management, and injections into the right shoulder and cervical spine. The injured worker presented with complaints of persistent neck and lower back pain with radiation into the bilateral lower extremities. Physical examination revealed tenderness to palpation over the right paracervical muscles and trapezius, full flexion with 35 degree extension, 35 degrees to 50 degrees of lateral bending and rotation, tenderness to palpation over the right paralumbar muscles, full flexion with 35 degree extension, 35 degrees to 45 degrees lateral bending and rotation, painful lumbar range of motion, negative straight leg raising, and a normal gait. The injured worker also demonstrated intact sensation, normal muscle strength and unobtainable Achilles reflexes bilaterally. Treatment recommendations at that time included 5 view x-rays of the cervical and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

5 view 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 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state for most patients presenting with true neck or upper back problems special studies are not needed unless a 3 or 4 week period of conservative care and observation fails to improve symptoms. Criteria for ordering imaging studies includes the emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program, or for clarification of the anatomy prior to an invasive procedure. As per the documentation submitted, the injured worker has been previously treated with conservative management. However, the injured worker also underwent an MRI of the cervical spine on 07/12/2013. There is no indication of a progression or worsening of symptoms or physical examination findings that would warrant the need for an x-ray at this time. The injured worker's physical examination of the cervical spine only revealed tenderness to palpation. As the medical necessity has not been established, the current request is not medically necessary.

5 view x-ray of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: California MTUS/ACOEM Practice Guidelines state lumbar spine x-rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology even if the pain has persisted for at least 6 weeks. As per the documentation submitted, there is no mention at an attempt at conservative treatment with regard to the lumbar spine. Physical examination only revealed tenderness to palpation with unobtainable Achilles reflexes. It is also noted that the injured worker underwent an MRI of the lumbar spine on 07/12/2013. There is no indication of a significant change or progression of symptoms or physical examination findings that would warrant the need for an x-ray at this time. As the medical necessity has not been established, the request is not medically necessary.