

Case Number:	CM14-0067288		
Date Assigned:	07/11/2014	Date of Injury:	12/10/2007
Decision Date:	10/03/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/12/2014

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 Anesthesiology has a subspecialty in Pain 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 injured worker is a 42 year old female who sustained an injury to her neck on 12/10/07. The mechanism of injury was not documented. The progress note dated 02/28/14 reported that the injured worker returned to the clinic for a 3 month follow up evaluation with increased complaints of neck pain. She reported that she has increasing neck pain that radiates into the right C6 dermatome, rated at 7/10 VAS. Her medications included Fexmid, Norco, and Protonix. Physical examination of the cervical spine noted no gross deformities, appreciable swelling, or gross atrophy of the paracervical musculature; cervical lordosis well-maintained; no evidence of tilt or torticollis; palpation noted no evidence of tenderness or spasms of the paracervical musculature or spinous processes; no tenderness over the base of the neck; no tenderness over the base of the skull or trapezius musculature bilaterally; no tenderness over the interscapular or anterior cervical musculature; decreased sensation in the right C6 dermatome; range of motion flexion 38 degrees, extension 41 degrees, left lateral bend 34 degrees, right lateral bend 30 degrees, bilateral lateral rotation 70 degrees; orthopedic testing of the cervical spine revealed local pain; radial pulses palpable bilaterally; motor strength 5/5 throughout the bilateral upper extremities, and reflexes 2+ throughout the bilateral upper extremities. The injured worker was assessed to have upper extremity paresthesia, cervical disc displacement, and left shoulder impingement status post left shoulder scope, acromioplasty, and distal clavicle resection.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray Cervical Spine 4 view: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation ODG(The Official Disability Guidelines) Neck & Upper Back (updated 03/31/14) Radiography

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back chapter, Radiography (x-rays)

Decision rationale: The request for an x-ray of the cervical spine 4 views is not medically necessary. The previous request was denied on the basis that the injured worker is over 6 years post-date of injury and there was no documentation of previous x-rays or any other objective testing. The mechanism of injury was not documented and the previous reviewer was unable to clarify these details with the ordering provider; therefore, the request was not deemed as medically appropriate. There was no report of a new acute injury or exacerbation of previous symptoms; there was no mention that a surgical intervention was anticipated. There were no additional red flags identified. Given this, the request for x-rays of the cervical spine 4 views is not indicated as medically necessary.