

<b>Case Number:</b>	CM14-0090205		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	06/23/2012
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	06/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2014

### 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:

Injured worker is a male with date of injury 6/23/2012. Per permanent and stationary evaluation by primary treating physician dated 12/19/2013, the injured worker continues to have neck pain, primarily on the left side with proximal radiation to his scalp and into the trapezius. He notes no improvement. He is doing modified work activities and taking Naprosyn on regular basis and Ultracet as needed. On examination he is in no acute distress. Examination of the cervical spine reveals full range of motion with discomfort at the extremes. Deep tendon reflexes re symmetric at the biceps, triceps and brachioradialis. Motor power is 5/5 in muscle groups. Sensation is intact to light touch. Examination of the thoracic spine reveals tenderness to palpation in the upper paraspinal muscle region. MRI scan of the thoracic spine was noted to be normal. MRI scan of the brain was noted to be normal. Cervical spine MRI scan noted to show a 2 mm disc bulge at C5-C6. Diagnoses include 1) cervical spine strain 2) thoracic spine strain 3) head contusion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**XRray of the Cervical Spine (Flexion and Extension):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

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

**Decision rationale:** Per the MTUS Guidelines, the criteria for ordering imaging studies include 1) emergence of a red flag 2) physiologic evidence of tissue insult or neurologic dysfunction 3) failure to progress in a strengthening program intended to avoid surgery 4) clarification of the anatomy prior to an invasive procedure. The injured worker has already had a cervical spine MRI scan with a 2 mm disc bulge noted at C5-6. The injured worker has a diagnosis of cervical spine strain and has been determined to reach maximum medical improvement. The medical reports provided for review do not substantiate a reason why imaging is desired, and there is no indication that any of the criteria listed are met. The request for x-ray of the cervical spine (flexion and extension) is determined to not be medically necessary.

**XRay of the Thoracic Spine (Flexion and Extension):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Per the MTUS Guidelines, the criteria for ordering imaging studies include 1) emergence of a red flag 2) physiologic evidence of tissue insult or neurologic dysfunction 3) failure to progress in a strengthening program intended to avoid surgery 4) clarification of the anatomy prior to an invasive procedure. The injured worker has already had a thoracic spine MRI scan that was reported as normal. The injured worker has a diagnosis of thoracic spine strain and has been determined to reach maximum medical improvement. The medical reports provided for review do not substantiate a reason why imaging is desired, and there is no indication that any of the criteria listed are met. The request for x-ray of the thoracic spine (flexion and extension) is determined to not be medically necessary.

**Xray of the Lumbar Spine (Flexion and Extension):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**Decision rationale:** The MTUS Guidelines do not recommend the use of lumbar spine x-rays in patients with low back pain in the absence of red flags for serious spinal pathology, even in the pain has persisted for at least six weeks. The clinical reports do not document any lumbar spine pain or diagnoses, and the injured worker has been determined to reach maximum medical improvement. There are no medical reports provided for review that support this request. The request for x-ray of the lumbar spine (flexion and extension) is determined to not be medically necessary.