

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0095704 | | |
| Date Assigned: | 07/25/2014 | Date of Injury: | 10/14/1998 |
| Decision Date: | 09/09/2014 | UR Denial Date: | 06/05/2014 |
| Priority: | Standard | Application Received: | 06/24/2014 |

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 66 year-old female who was reportedly injured on 10/14/1998. The mechanism of injury is a fall. The most recent progress note dated 5/23/2014. Indicates that there are ongoing complaints of neck pain, low back pain, and bilateral upper extremity pain. The physical examination demonstrated cervical spine: decrease range of motion with pain. Left shoulder has positive tenderness over the anterior portion of the acromioclavicular joint and subacromial region. Full range of motion. Tenderness to palpation at the bicycle insertion. Thoracolumbar spine. Limited range of motion. Positive he'll walk. Positive tenderness to palpation mid-thoracic on the right. Positive trigger point. No recent diagnostic studies are available for review. Previous treatment includes previous surgery, medications, injections, physical therapy and conservative treatment. A request was made for x-rays of the cervical spine and was not certified in the pre-authorization process on 6/5/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-Ray of Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index 11th Edition (web), 2013 Neck & Upper Back.

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

Decision rationale: Patients who are alert, have never lost consciousness, are not under the influence of alcohol and/or drugs, have no distracting injuries, have no cervical tenderness, and have no neurologic findings, do not need imaging. Per the guidelines, "X-ray is recommended for subacute cervicothoracic pain that is not improving, or chronic cervicothoracic pain." After review of the medical guidelines as well as current physical exam the request was diagnosed study does not meet the above stated criteria. Therefore this request is deemed not medically necessary.