MAXIMUS Federal Services

Case Number:	CM14-0169355		
Date Assigned:	10/17/2014	Date of Injury:	10/06/2003
Decision Date:	01/31/2015	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/14/2014

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 Family Practice 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 60 year-old female, who was injured on October 6, 2003, while performing regular work duties. The mechanism of injury is from a fall, resulting in injury to the right shoulder, neck, and head. An evaluation on March 26, 2014, indicates physical findings of cervical spine tenderness. An evaluation on August 13, 2014, indicates tenderness and spasm bilaterally in the paraspinous muscles of the cervical spine. An evaluation on September 25, 2014, indicates physical findings of a tender cervical spine. The records indicate the injured worker is in a home exercise program. The Utilization Review report indicates plain film radiographs were performed on August 14, 2014, and provided an uncertain interpretation. The physical exam of the neck always showed a rescued ROM. The results are not available for this review. The records do not indicate an acute change in the injured workers condition. Medications prescribed include: Ambien, Clorazepate, Lidoderm patch, Percocet, Tizanidine, trazodone, and gabapentin. The request for authorization is for retroactive x-ray of the cervical spine. The primary diagnosis is cervical region intervertebral disc disorder. On September 19, 2014, Utilization Review non-certified the request for retroactive x-ray of the cervical spine, based on ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Cervical Spine X-Ray (DOS: 8/14/14): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Radiography (X-Rays) Section

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 18th Edition, Updates: Neck procedure

Decision rationale: The patient's injury goes back to 2002 and there is no documentation any new injury nor new physical findings that suggest a new pathologic entity is being considered. The treatment guidelines call for imaging studies when a fracture is suspected or if there is reason to believe that a tumor or osteomyelitis is a present. Based on the documentation, the cervical spine x-ray in question was not medically indicated. Therefore, this request is not medically necessary.