

Case Number:	CM14-0186513		
Date Assigned:	11/14/2014	Date of Injury:	08/29/2013
Decision Date:	01/05/2015	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	11/10/2014

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 Emergency Medicine and is licensed to practice in New York. 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:

This female injured worker sustained injury after a trip and fall incident occurring on 8/29/13. She stepped on a vacuum cleaner cord and twisted her left ankle and fell onto her back. Initially, she had pain to the back, left ankle and right hand. She was seen at an [REDACTED] clinic and prescribed a non-steroidal anti-inflammatory and a muscle relaxant. Since the initial injury she was not seen until 5/2/14 complaining of low back pain that is worse when sitting or driving, pain and numbness radiating down the back of right lower extremity and pain to right posterior neck. She describes both her neck and back pain as constant and moderately severe that is worse with activity and improved with rest. She is also experiencing sleep disturbances due to pain. Her pain severity is 8 out of 10. Physical exam reveals the neck is stiff with muscle tenderness and spasms: paracervical and trapezius. Cervical range of motion is restricted. Flexion is 35/45 degrees and extension is 45/55. There is no paracervical muscle weakness. There is no weakness of lower extremities. Radiographs dated 5/2/14 reveal normal lumbar spine and cervical spine reveals C6-7 disc degeneration and otherwise negative. Diagnoses include muscle spasms of the neck and back; lumbar and cervical sprain/ strain. Medications to date are non-steroidal anti-inflammatory, muscle relaxant, opiate and biofreeze. On 5/2/14 the work status was return to work with limited sitting and driving. The back and neck pain on 5/6/14 are intermittent and dull with unrestricted range of motion of the neck. On 6/11/14 documentation indicates slower than expected improvement and work status is modified. On 6/30/14 an MRI of the lumbar spine revealed a small disc protrusion at L2-3 but otherwise was unremarkable (documentation dated 9/2/14). As of 8/27/14 the cervical range of motion remains unchanged. The injured worker is off work. Treatments included chiropractic and physical therapy sessions. In addition acupuncture was done which helped at the moment but did not offer lasting relief. She has gained 40 pounds. As of 9/2/14 the injured worker was recommended physical therapy for trunk strengthening. On

9/25/14 a transcutaneous electrical nerve stimulator (TENS) was recommended. She remains temporarily totally disabled. On 10/16/14 Utilization Review non-certified a request for Cervical Spine X-rays AP/ Lateral QTY: 1.00 based on unclear documentation regarding prior cervical spine imaging. Cervical Spine X-rays are not recommended per MTUS ACOEM Guidelines unless there are unequivocal objective findings or specific "red flags". This information is not provided in the clinical report per Utilization Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Spine X-rays AP/Lateral Qty: 1.00: 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): 177-178.

Decision rationale: Criteria for ordering imaging studies of the cervical spine are emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, or clarification of the anatomy prior to an invasive procedure. In this case, recent imaging studies were done on 5/2/14. There has been no emergence of red flags and there is no physiologic evidence of neurologic dysfunction. There are no criteria for repeat imaging studies. Per MTUS, the request is not medically necessary.