

Case Number:	CM14-0190661		
Date Assigned:	12/08/2014	Date of Injury:	08/28/2009
Decision Date:	01/13/2015	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	11/14/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 40-year-old male who reported an injury on 08/28/2009. The mechanism of injury was not specifically stated. The current diagnoses include displaced cervical intervertebral disc and brachial neuritis/radiculitis. The injured worker presented on 10/08/2014 with complaints of persistent neck pain. The injured worker reported severe burning, sharp pain in the mid to lower paracervical area at the C5-6 level, extending over to the right. Previous conservative treatment is noted to include medication management and physical therapy. The surgical history includes an anterior discectomy and fusion at C6-7 on 01/03/2013. Physical examination revealed significantly restricted range of motion, tenderness to palpation over the spinous processes at C5-7 in the right paracervical area, pain with extension and rotation, tenderness to palpation over the spinous processes at T10-12, and intact upper extremity sensation and strength. Treatment recommendations included x-rays of the cervical and thoracic spine. A Request for Authorization form was then submitted on 10/09/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray of the cervical spine with AP & lateral views: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182. Decision based on Non-MTUS Citation ODG-TWC Neck & Upper Back

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

Decision rationale: California MTUS/ACOEM Practice Guidelines state for most patients presenting with true neck and upper back problems, special studies are not needed unless a 3 to 4 week period of conservative care and observation fails to improve symptoms. According to the documentation provided, the patient presented with complaints of persistent cervical spine pain. However, there is no documentation of a significant neurological deficit, nor any red flags for serious spinal pathology that would necessitate cervical spine x-rays. The patient underwent an MRI of the cervical spine on 07/05/2013. The medical necessity for an additional imaging study at this time has not been established. As such, the request is not medically necessary and appropriate.