

Case Number:	CM14-0204200		
Date Assigned:	12/16/2014	Date of Injury:	09/02/2011
Decision Date:	02/10/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/05/2014

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 Rehab 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 53 year old female with a date of injury as 09/02/2011. The cause of the injury was not included in the documentation received. The current diagnoses include cervical strain, headaches, shoulder tendinitis, depression, and status post knee surgery. Previous treatments include right knee surgery and oral medications. Primary treating physician's reports dated 05/08/2014 through 11/11/2014 and secondary treating physician reports dated 06/10/2014 through 10/28/2014 were included in the documentation submitted for review. Primary treating physician report dated 11/11/2014 noted that the injured worker presented with complaints that included headaches, shoulder pain, neck pain, weakness and residual knee pain. Physical examination revealed tenderness of the cervical spine, decreased range of motion in the knee and cervical spine. The physician also noted that the injured worker was using a cane for ambulation and wearing a knee brace and wrist brace. Secondary treating physician report dated 10/28/2014 documented that the injured worker presented with complaints of persistent ongoing cervical spine pain with radiation to bilateral trapezius. Physical examination revealed tenderness in the paraspinal muscles, and decreased range of motion. The physician noted that the last MRI was done on 12/12/2011. Concern was for cervical spine disc protrusion, stenosis with bilateral radiculitis. The injured worker is temporarily totally disabled. The utilization review performed on 11/18/2014 non-certified a prescription for x-rays AP, lateral, flexion and extension views of the cervical spine. The reviewer referenced the California MTUS and ACOEM Guidelines in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-rays AP, lateral, flexion and extension views of the cervical spine: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Procedure Summary, Radiography

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck, Radiography (X-Ray).

Decision rationale: The patient presents with neck, shoulder, and right knee pain. The current request is for X-rays AP, lateral, flexion and extension views of the cervical spine. The treating physician states, "On examination of the cervical spine, there was tenderness to palpation, guarding and spasm noted." (36) MTUS guidelines do not address X-Rays. The ODG guidelines support X-Rays for patients who have tenderness and chronic neck pain and who have not had this study before. In this case, the treating physician documents that the patient has had a MRI but that was in 2011 and this patient has not had any X-Rays done. The request is medically necessary.