

Case Number:	CM14-0206925		
Date Assigned:	12/18/2014	Date of Injury:	08/23/2011
Decision Date:	02/12/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/10/2014

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 Physical Medicine Rehab, has a subspecialty in Interventional Spine 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 patient is a 52 year old female with an injury date on 8/23/11. The patient complains of ongoing cervical pain that has worsened in recent weeks, and right arm pain rated 5/10 today, and rated 8-9/10 without medications per 11/19/14 report. The patient states that repetitive motions such as wiping with her right arm can aggravate her pain levels, as the original injury came due to repetitive motions during work per 11/19/14 report. The patient states that she puts on Dendracin after work, and stretches which helps relieve her pain both at home and at work per 11/19/14 report. Based on the 11/19/14 progress report provided by the treating physician, the diagnoses are: 1. tenosynovitis of hand and wrist not elsewhere classified 2. lateral epicondylitis 3. spasm of muscle A physical exam on 11/19/14 showed "cervical range of motion is restricted, with flexion at 20 degrees. Right elbow has pain over lateral/medial epicondyle. Right wrist has positive Phalen's, positive Tinel's." The patient's treatment history includes medications, elbow injection (unspecified, not effective). The treating physician is requesting x-rays 3 views cervical spine. The utilization review determination being challenged is dated 11/26/14. The requesting physician provided a single treatment report from 11/19/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-Rays 3 views Cervical Spine: 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) Neck and Upper Back, Radio graphs (X-Rays)

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

Decision rationale: This patient presents with neck pain, right arm pain. The provider has asked for x-rays 3 views cervical spine on 11/19/14. The patient had a cervical X-ray in 2012 (original radiographic report not included in documentation), and "may need a repeat as [cervical pain] is worsening" per 11/19/14 report. "She did not show much pathology [since 2012 X-ray] but now she is having more tenderness in the neck" per 11/19/14 report. Regarding cervical x-rays, the Official Disability Guidelines states "not recommended except for indications below. 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. Patients who do not fall into this category should have a three-view cervical radiographic series followed by computed tomography (CT). In determining whether or not the patient has ligamentous instability, magnetic resonance imaging (MRI) is the procedure of choice, but MRI should be reserved for patients who have clear-cut neurologic findings and those suspected of ligamentous instability. (Anderson, 2000) (ACR, 2002). Initial studies may be warranted only when potentially serious underlying conditions are suspected like fracture or neurologic deficit, cancer, infection or tumor." In this case, the patient has a repetitive stress injury of the neck, and does not have a history of cervical trauma. The provider has requested repeat cervical X-rays due to a recent exacerbation in neck pain, and increased tenderness to palpation. The provider, however, does not mention any potentially serious underlying conditions such as fracture, neurologic deficit, cancer, infection or tumor as indicated per the Official Disability Guidelines. The patient had prior cervical X-rays 2 years ago, and has not had any trauma since then that would necessitate repeat radiographic imaging. The requested repeat cervical x-rays are not medically necessary.