

Case Number:	CM14-0207050		
Date Assigned:	12/19/2014	Date of Injury:	11/17/2006
Decision Date:	02/09/2015	UR Denial Date:	11/13/2014
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 Occupational Medicine and is licensed to practice in Arizona. 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 42 year old male who got injured on 11/17/2006. The injured worker was in the course of his usual duties when he was involved in a motor vehicle accident when a car turned in front of him sustaining injuries it would appear to both his cervical and lumbar spine. He is status post anterior lumbar disc replacement and lumbar interbody fusion dated 6/5/2009. The patient is being managed for neck and low back sprain. The injured worker has had conservative management with medications, physical therapy, epidural steroid injections. MRI dated 4/18/08 revealed mild disc bulging at C4-5, C5-6 and C6-7. His office visit dated 11/5/2014 the injured worker complained of occasional back pain rated at 3/10 which radiates to the right buttock and thigh, he also complained of neck soreness and arm and hands falling asleep, he is feeling more off balance. Physical exam of the cervical spine was within normal limits, range of motion was normal, muscle strength was 5/5 in all major muscle groups, special tests for nerve root disease were all negative. UR denial dated 11/13/2014 was for x-ray of the cervical spine (4 views).

IMR ISSUES, DECISIONS AND RATIONALES

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

1 X-Ray of the cervical spine (4 views): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Radiography (x-rays)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-194.

Decision rationale: Per MTUS for most patients presenting with true neck and upper back problems special studies are not needed. Criteria for ordering imaging studies include emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction in the form of definitive neurologic findings on physical exam, failure to progress in a strengthening program designed to avoid surgery and clarification of the anatomy prior to an invasive procedure. When the physical exam is less clear, further physiologic evidence of nerve dysfunction can be obtained through electromyography and nerve conduction studies before ordering an imaging study. The injured worker had an entirely normal cervical spine exam and therefore based on his clinical presentation and the guidelines, the request for x-ray cervical spine 4 views is not medically necessary.