

Case Number:	CM14-0207203		
Date Assigned:	12/19/2014	Date of Injury:	05/24/2004
Decision Date:	03/16/2015	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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, New York, Florida

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care Medicine

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 55-year-old male who reported an injury on 05/23/2013. The mechanism of injury was cumulative trauma. His diagnoses include chronic effects of sprain to the cervical, thoracic, and lumbosacral spine and myalgia/myositis. Past treatment was noted to include therapy. On 10/14/2014, it was noted the injured worker had neck and back pain that he rated 5/10 and 4/10 respectively. He reported exercises were easier to do and it was noted that he had the ability to participate in his activities of daily living with less pain. Upon physical examination, it was noted the injured worker had tenderness to the bilateral cervical paravertebrals. Medications were not included for review. The treatment plan was noted to include radiographs of the cervical and lumbar spine, consultation with an orthopedic specialist, therapy, and a pain management consult. A request was received for cervical radiographs to evaluate joint arthropathy. The Request for Authorization was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical radiographs: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Table 8-7. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (updated 8/4/14), Radiography (x-rays)

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

Decision rationale: The request for cervical radiographs is not medically necessary. According to the California MTUS/ACOEM Guidelines, special studies are not needed until after a 3 to 4 week period of conservative care fails to improve symptoms. The guidelines go on to state that the criteria for ordering imaging studies are the emergence of a red flag; neurological dysfunction; and failure to progress in a strengthening program. The clinical documentation submitted for review did not indicate quantitative objective findings or neurological deficits to include decreased motor strength, decreased deep tendon reflexes, decreased sensation, or a positive Spurlings test. It was indicated the injured worker had participated in previous conservative care to include therapy; however, it was not indicated how long the injured worker participated in such care. Consequently, the request is not supported. As such, the request for cervical radiographs is not medically necessary.