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| Case Number: | CM14-0094327 | | |
| Date Assigned: | 07/25/2014 | Date of Injury: | 09/16/1995 |
| Decision Date: | 04/07/2015 | UR Denial Date: | 06/18/2014 |
| Priority: | Standard | Application Received: | 06/20/2014 |

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

Certification(s)/Specialty: Preventive Medicine, Occupational 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 45 year old male with an industrial injury dated 09/16/1995 resulting in injury to the low back while moving sheetrock. There were multiple other work related injuries noted in the evaluation date 01/03/2014). His diagnoses include chronic low back pain, status post lumbar laminectomy, lumbar radiculopathy, left shoulder pain, neuropathic pain, chronic pain syndrome, anxiety and depression. Recent diagnostic testing has included x-rays of the cervical spine (04/29/2014) showing mild degenerative changes with chronic mild wedging of vertebral body C4-C5 suggesting degenerative change without acute fracture deformity. Previous treatments have included medications, lumbar surgery (04/1996), and injections. In a progress note dated 05/14/2014, the treating physician reports sleep disturbance, sharp pain in the lower extremities. The objective examination revealed decreased range of motion in the lumbar spine, tenderness on palpation of the lumbar paraspinals, positive straight leg raises, and an antalgic gait. There were no noted cervical complaints or cervical exam findings noted on this report. The treating physician is requesting x-rays of the cervical spine which was denied by the utilization review. On 06/18/2014, Utilization Review non-certified a request for x-ray of the cervical spine, noting the absence of a comprehensive physical examination of the cervical spine, no evidence of significant musculoskeletal or neurological deficit, and no mention of a 3 to 4 week period of conservative care and observation prior to the requested x-rays. The MTUS Guidelines were cited. On 06/20/2014, the injured worker submitted an application for IMR for review of x-rays of the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-rays of cervical spine: Upheld

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

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

Decision rationale: Per the MTUS Guidelines, the criteria for ordering imaging studies include: 1) emergence of a red flag; 2) physiologic evidence of tissue insult or neurologic dysfunction; 3) failure to progress in a strengthening program intended to avoid surgery; 4) clarification of the anatomy prior to an invasive procedure. The injured worker had normal x-rays of the cervical spine in 12/2006. The reason provided for the cervical spine x-rays was "neck, back, lt shoulder, forearm pain". The medical reports provided for review do not address any cervical spine symptoms or upper extremity neurologic symptoms. The injured worker's symptoms and objective findings are in regards to lumbar spine and lower extremities only. Medical necessity of this request has not been established within the recommendations of the MTUS Guidelines. The request for X-rays of cervical spine is determined to not be medically necessary.