

Case Number:	CM15-0000062		
Date Assigned:	01/09/2015	Date of Injury:	07/01/1999
Decision Date:	03/05/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/31/2014

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 patient is a 54 year old male who sustained a work related injury on July 1, 1999. There was no mechanism of injury documented. The injured worker is diagnosed with lumbar and cervical sprain with intervertebral disc disorder with myelopathy according to the Utilization Review determination letter. According to the primary treating physician's progress report on November 11, 2014 the injured worker presents with continued chronic numbness in the left leg involving the foot. Evaluation demonstrates decreased range of motion of the cervical and lumbar spine due to pain. There was no specific cervical, trapezial or lumbar spasm noted. Sensations over all dermatomes of the lower extremities were intact. Upper extremity reflexes were diminished in the triceps and brachioradialis, but no corresponding sensory or strength deficits are noted. Electrodiagnostic studies have also been requested. There was no surgical history or treatment modalities documented. Gabapentin is the only medication listed. The injured worker is Permanent and Stationary (P&S). The physician requested authorization for an X-Ray of the cervical spine with flexion extension views. On December 9, 2014 the Utilization Review denied certification for the X-Ray of the cervical spine. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), American College of Occupational and Environmental Medicine (ACOEM): Radiography.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray of the Cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: The MTUS Guidelines do not recommend radiological testing unless there are red flag conditions, progressive neurological changes or it is necessary in preparation for a procedure. These problems are not documented in this individual and the requesting physician does not provide any rationale that might justify the requested cervical x-rays. Under these circumstances the requested cervical X-rays are not medically necessary.