

Case Number:	CM15-0001604		
Date Assigned:	01/12/2015	Date of Injury:	09/02/2011
Decision Date:	04/02/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/05/2015

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: Internal 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 53-year-old female with a reported date of injury on 09/02/2011. The mechanism of injury reportedly occurred from a slip and fall. Her diagnoses included displacement of cervical intervertebral disc without myelopathy. Current medications were noted to include Elavil and tramadol, the doses and frequencies of which were not provided. Surgical history and diagnostic studies were not provided. Other therapies were noted to include the use of a knee brace, wrist brace, and the use of a cane for ambulation. The clinical information indicates that the physical examination was unchanged. The clinical note dated 11/14/2014 indicates the patient presented with complaints of headaches, shoulder pain, neck pain, weakness, and residual knee pain. The patient indicated there were no new conditions noted. The patient was utilizing a cane for ambulation and was wearing a knee brace and wrist brace. The patient presented with tenderness to the cervical spine. Movement of the head and neck was slow. Range of motion of the knee was revealed at 110 degrees. Range of motion of the cervical spine revealed flexion was to 45 degrees and extension was to 45 degrees. The progress report dated 11/25/2014 indicates the patient presented with persistent cervical spine and bilateral arm pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-Rays of the Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-170.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179, 181-183.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses radiography. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 8 Neck and Upper Back Complaints states that reliance on imaging studies alone to evaluate the source of upper back symptoms carries a significant risk of diagnostic confusion (false-positive test results). Table 8-8 Summary of Recommendations for Evaluating and Managing Neck and Upper Back Complaints (Page 181-183) states that radiography are the initial studies when red flags for fracture, or neurologic deficit associated with acute trauma, tumor, or infection are present. Imaging is not recommended in the absence of red flags. The treating physician's progress report dated November 25, 2014 noted "Objective Findings: Unchanged." No physical examination of the cervical spine was documented. Because physical examination of the cervical spine was not documented, the request for X-rays of the cervical spine is not supported. Therefore, the request for X-rays of the cervical spine is not medically necessary.