

Case Number:	CM15-0106517		
Date Assigned:	06/10/2015	Date of Injury:	07/27/2011
Decision Date:	07/13/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/02/2015

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: Emergency 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 29 year old male with an industrial injury dated 07/27/2011. The injured worker's diagnoses include right elbow sprain, right ulnar neuritis, right carpal tunnel syndrome, double crush syndrome, cervical radiculopathy and neurovascular thoracic outlet syndrome with double crush injury. Treatment consisted of x-ray of cervical spine, prescribed medications, physical therapy and periodic follow up visits. In a progress note dated 04/23/2015, the injured worker presented for follow up on his spraining injury to his right upper extremity and neck. The injured worker reported right upper back, neck, right medial elbow, right fourth/fifth fingers pain and numbness. Objective findings revealed tenderness and spasms in right upper back, neck pain, and vertebral muscles increasing with right cervical rotation. The treating physician prescribed services for post-operative x-ray of cervical spine with AP/lateral views now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op x-ray of cervical spine with AP/lateral views: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic), Radiography (x-rays).

Decision rationale: The requested Post-op x-ray of cervical spine with AP/lateral views is not medically necessary. CA MTUS is silent, and Official Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic), Radiography (x-rays) note Radiography (x-rays) - Not recommend routine x-rays in the absence of red flags. The injured worker has right upper back, neck, right medial elbow, right fourth/fifth fingers pain and numbness. Objective findings revealed tenderness and spasms in right upper back, neck pain, and vertebral muscles increasing with right cervical rotation. The treating physician has not documented applicable red flag conditions. The criteria noted above not having been met, post-op x-ray of cervical spine with AP/lateral views is not medically necessary.