

Case Number:	CM15-0109950		
Date Assigned:	06/16/2015	Date of Injury:	05/11/2015
Decision Date:	07/15/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/08/2015

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: Physical Medicine & Rehabilitation

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 41 year old female who sustained an industrial injury on 5/11/15 due repetitive stress on the neck and back associated with a lot of sitting with a duty belt in an odd position and getting in and out of a vehicle. She currently complains of achy, burning cervical pain radiating bilaterally down the shoulder with a pain level of 7/10; achy, dull headache with a pain level of 5/10; stiff, achy thoracic back pain with a pain level of 7/10. Medications if any were not specifically identified. Diagnoses include cervical pain; headaches; brachial neuritis; thoracic pain. In the progress note dated 5/11/15 the treating provider's plan of care included requests for cervical spine x-rays; thoracic spine x-rays.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical spine X-ray Qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and upper back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Introductory Material, Special Studies and Diagnostic and Treatment Considerations, 171-171, 177-179.

Decision rationale: Per ACOEM Treatment Guidelines for the Neck/ Upper Back Disorders states Criteria for ordering imaging studies such as the requested X-rays of the cervical spine include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports have not adequately demonstrated the indication for the cervical spine x-rays nor document any specific clinical findings to support this imaging study as reports noted unchanged clinical symptoms of ongoing pain without any progressive neurological deficits. There is no report of trauma, acute flare, or new injury to support the x-ray study. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The Cervical spine X-ray Qty: 1.00 is not medically necessary and appropriate.

Thoracic spine X-ray Qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and upper back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Introductory Material, Special Studies and Diagnostic and Treatment Considerations, 171-171, 177-179.

Decision rationale: Per ACOEM Treatment Guidelines for the Neck/ Upper Back Disorders states Criteria for ordering imaging studies such as the requested X-rays of the cervical spine include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports have not adequately demonstrated the indication for the cervical spine x-rays nor document any specific clinical findings to support this imaging study as reports noted unchanged clinical symptoms of ongoing pain without any progressive neurological deficits. There is no report of trauma, acute flare, or new injury to support the x-ray study. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The Thoracic spine X-ray Qty: 1.00 is not medically necessary and appropriate.

