

Case Number:	CM15-0130447		
Date Assigned:	07/16/2015	Date of Injury:	01/17/2014
Decision Date:	08/24/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/07/2015

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, Pain Management

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 48-year-old male who sustained an industrial injury on 1/17/2014 resulting in neck pain. He was diagnosed with chronic pain syndrome, cervical spine strain, status post C-5-6 fusion with hardware and cervical facet arthropathy, degenerative disc disease, cervical disc pain, and myalgia. Documented treatment has included anterior cervical discectomy C6-7; anterior cervical interbody fusion C6-7; physical therapy with some noted improvement in functioning; home exercise; and, medication which he reports as making pain tolerable. The injured worker reports neck pain, poor balance, and vision changes post neck surgery. The treating physician's plan of care includes a lateral x-ray of the cervical spine. Current work status is not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray lateral cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and upper back chapter - Radiography (x-rays) section.

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

Decision rationale: Regarding request for cervical spine x-ray, Occupational Medicine Practice Guidelines state that x-rays should not be recommended in patients with neck pain in the absence of red flags for serious spinal pathology even if the pain has persisted for at least 6 weeks. However, it may be appropriate when the physician believes it would aid in patient management. Within the documentation available for review, the patient has a history of cervical fusion, but there are no current clinical findings suggestive of red flags or another clear indication for radiographic evaluation and there is no rationale provided identifying why it would aid in patient management. In the absence of clarity regarding those issues, the currently requested cervical x-ray is not medically necessary.