

<b>Case Number:</b>	CM15-0131597		
<b>Date Assigned:</b>	07/17/2015	<b>Date of Injury:</b>	02/13/2013
<b>Decision Date:</b>	08/14/2015	<b>UR Denial Date:</b>	06/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 25-year-old female, who sustained an industrial injury on February 13, 2013. The injured worker reported that while pulling out a box weighing about 15 to 20 pounds she noted a pinching sensation to the right shoulder that radiated down to the hand. The injured worker was diagnosed as having status post right elbow decompression, status post right elbow partial medial epicondylectomy, rule out right carpal tunnel syndrome, right shoulder sprain and strain with rule out internal derangement, right neck muscle spasm, and compensatory left wrist sprain and strain. The documentation provided did not indicate prior treatment and diagnostic studies performed. In a progress note dated June 11, 2015 the treating physician reports complaints of continued right elbow pain with numbness and tingling to the forearm, wrist, and hand, complaints of neck pain that radiates to the right side of the neck, and complaints of left wrist and hand pain. Examination reveals decreased grip strength to the bilateral hands. The injured worker's pain level to the right arm was rated a 6 out of 10 and the injured worker's pain level to the neck was rated an 8 out of 10. The treating physician requested an x-ray to the cervical spine, but the documentation provided did not indicate the specific reason for the requested study. The treatment plan recommends a functional capacity evaluation, physical therapy, a wrist splint, chiropractic treatment, and a tens unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**X-ray cervical spine:** 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), Radiography.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Radiography.

**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. Guidelines go on to state that subsequent imaging should be based on new symptoms or a change in current symptoms. Within the documentation available for review, it is unclear why a cervical x-rays being requested. Additionally, numerous conservative treatment options are being recommended concurrently. It seems reasonable to identify whether the conservative treatment options were successful, prior to initiating imaging studies. Finally, it is unclear how the outcome of a cervical x-ray will affect the current medical treatment plan. In the absence of clarity regarding those issues, the currently requested cervical x-ray is not medically necessary.