

Case Number:	CM15-0136234		
Date Assigned:	07/24/2015	Date of Injury:	01/19/2015
Decision Date:	08/21/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/14/2015

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 (IW) is a 43 year old male who sustained an industrial injury on 01/19/2015. He reported a bilateral hand laceration and contusion with a deep forehead laceration, scalp laceration and multiple finger lacerations; contusion ribs; spinal sprain and strain; and left wrist fracture. The injured worker was diagnosed as: Contusion back. Open wound right fifth finger. Contusion head. Open wound scalp. Treatment to date has included surgery for a left upper extremity fractures, chiropractic care, and physical therapy. Currently, the injured worker complains of frequent minimal to moderate pain in the low back and neck with intermittent minimal to moderate left wrist pain and constant minimal to slight left hand weakness. The symptoms of low back pain have diminished somewhat in frequency during the prior month. On examination the cervical spine has normal flexion with no pain. Extension is within range of normal with an upper mid-back pain of 3. Left rotation is normal, lumbar range of motion: flexion is normal with a low back pain of 2-3. Extension of the lumbar spine is normal with a low back pain of 2. Right rotation is normal with low back pain of 2. Paravertebral muscle spasms and tenderness are elicited upon palpation in the neck and low back. The treatment plan is for chiropractic manipulation, electrical muscle stimulation, intersegmental traction 2 times a week for six weeks then re-evaluate. A MD visit is specifically requested for medications. The worker continues to work. A request for authorization was made for Cervical 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-rays: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers' Compensation, Neck Chapter.

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) note Radiography (x-rays).

Decision rationale: The requested Cervical spine X-rays, is not medically necessary. CA MTUS is silent. Official Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic), Radiography (x-rays) - Not recommended for routine x-rays in the absence of red flags. The injured worker has frequent minimal to moderate pain in the low back and neck with intermittent minimal to moderate left wrist pain and constant minimal to slight left hand weakness. The symptoms of low back pain have diminished somewhat in frequency during the prior month. On examination the cervical spine has normal flexion with no pain. Extension is within range of normal with an upper mid-back pain of 3. Left rotation is normal, lumbar range of motion: flexion is normal with a low back pain of 2-3. Extension of the lumbar spine is normal with a low back pain of 2. Right rotation is normal with low back pain of 2. Paravertebral muscle spasms and tenderness are elicited upon palpation in the neck and low back. The treating physician has not documented applicable red flag conditions. The criteria noted above not having been met, Cervical spine X-rays is not medically necessary.