

Case Number:	CM15-0136933		
Date Assigned:	07/24/2015	Date of Injury:	07/19/2013
Decision Date:	08/21/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/15/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 56 year old female, who sustained an industrial injury on 7/19/13. She reported left shoulder and left arm pain. The injured worker was diagnosed as having cervical radiculopathy, osteoarthritis of spinal facet joint, and myalgia and myositis. Treatment to date has included physical therapy, cervical epidural injections, heat/ice application, and medication. Physical examination findings on 6/10/15 included pain along the cervical spine to touch and with movement. Range of motion was restricted and Spurling's sign was positive. Currently, the injured worker complains of neck and arm pain. The treating physician requested authorization for an x-ray of the cervical spine (anterior-posterior, lateral, flexion, and extension).

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray of the Cervical Spine (Anterior-Posterior, Lateral, Flexion, Extension): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-194.

Decision rationale: Per the ACOEM guidelines regarding cervical radiographs; "Initial studies (are recommended) when red flags for fracture or neurological deficit associated with acute trauma, tumor, or infection are present." Routine studies are not recommended "in the absence of red flags." ACOEM also notes that "Cervical radiographs are most appropriate for patients with acute trauma associated with midline vertebral tenderness, head injury, drug or alcohol intoxication, or neurologic compromise." (American College of Surgeons. Advanced Trauma and Life Support: A Manual for Instructors. Chicago: ACS;1993.) The treating physician has indicated that new x-rays of the cervical spine are necessary to evaluate this patient for possible surgical intervention. The patient has failed conservative therapy over the past two years including physical therapy, injections and medications. The previous MRI is over two years old, updated imaging would be indicated prior to surgical intervention. As such the request for X-ray of the Cervical Spine (Anterior-Posterior, Lateral, Flexion, Extension) is medically necessary.