

Case Number:	CM15-0146150		
Date Assigned:	08/07/2015	Date of Injury:	07/09/2014
Decision Date:	09/03/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/28/2015

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 is a 53-year-old male who sustained an industrial injury on July 9, 2014 resulting in headaches and radiating neck pain including decreased range of motion. He was diagnosed with cervical sprain. Documented treatment has included medication and home exercise, which has provided temporary pain relief, but the injured worker continues to present with persistent neck pain. The treating physician's plan of care includes an x-ray of the cervical spine. He is on modified duty per report of May 27, 2015.

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: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back Chapter, Radiography (x-rays).

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).

Decision rationale: The requested x-ray of the cervical spine is not medically necessary. CA MTUS is silent. Official Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic), Radiography (x-rays) note, "Radiography (x-rays) - Not recommend routine x-rays in the absence of red flags." The injured worker has persistent neck pain. The treating physician has not documented applicable red flag conditions. The criteria noted above not having been met, x- ray of the cervical spine is not medically necessary.