

Case Number:	CM15-0146469		
Date Assigned:	08/10/2015	Date of Injury:	04/01/1997
Decision Date:	09/09/2015	UR Denial Date:	06/30/2015
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 with an industrial injury dated 04-01-1997. His diagnoses included chronic pain syndrome, brachial neuritis or radiculitis and chronic pain due to trauma. Prior treatment included diagnostics, medications, chiropractor and physical therapy. He presents on 06-18-2015 with complaints of right neck, shoulder and hand pain. His pain level is rated as 5 out of 10. Physical exam revealed left paraspinal tenderness with limited range of motion of the cervical spine. Right upper extremity exam noted trigger points at midpoint of the upper trapezius. There was pain with range of motion. The treatment request is for x-ray cervical spine.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back (updated 06/25/15) - Online Version.

MAXIMUS 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 (ODG) Neck and Upper Back: Radiography (x-rays).

Decision rationale: As per MTUS ACOEM guidelines, imaging of cervical spine is only recommended with signs of red flag findings, new neurological deficits, failure to progress and pre-invasive procedures. ACOEM guidelines recommend X-rays only with traumatic neck pains under certain criteria. Official Disability Guidelines only recommend X-rays in trauma or as first line imaging in younger patients. Rationale for X-ray is not valid especially with patient's known pathology. X-ray of cervical spine is not medically necessary.