

<b>Case Number:</b>	CM15-0146751		
<b>Date Assigned:</b>	08/07/2015	<b>Date of Injury:</b>	12/05/2011
<b>Decision Date:</b>	09/04/2015	<b>UR Denial Date:</b>	07/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: Massachusetts

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:

This 36 year old woman sustained an industrial injury on 12-5-2011. The mechanism of injury is not detailed. Diagnoses include cervical radiculopathy and radiculitis (resolving) and neuropathic pain with spasms. Treatment has included oral medications, physical therapy, bracing, epidural steroid injections, acupuncture, and surgical intervention. Physician notes dated 7-16-2015 show improved cervical spine pain with bilateral upper extremity numbness and weakness. Recommendations include Lyrica, Tizanidine, Mederma ointment, cervical spine x-ray, physical therapy, and follow up in six to seven weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical x-ray:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**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 claimant sustained a work-related injury in December 2011 and underwent a cervical disc replacement on 05/27/15. In post-operative follow-up on 07/16/15 she was progressing well. Range of motion was limited due to pain. X-rays showed excellent implant positioning. Applicable criteria for obtaining a cervical spine x-ray are chronic pain if this were to be the first study or in the setting of acute trauma. In this case, there is no identified acute injury and the claimant has already had a post-operative x-ray showing expected findings. Repeating studies that have already been performed is not considered medically necessary and exposing the claimant to unneeded radiation is not appropriate. This request for a routine repeat x-ray at the next follow-up was not medically necessary.