

Case Number:	CM15-0161730		
Date Assigned:	08/27/2015	Date of Injury:	09/20/2002
Decision Date:	09/30/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	08/17/2015

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 55 year old female sustained an industrial injury to the neck and upper extremities on 9-20-02. Previous treatment included physical therapy, chiropractic therapy, injections and medications. In a PR-2 dated 7-27-15, the injured worker complained of increased cervical spine pain with radiation to bilateral upper extremities, associated with upper extremity numbness and weakness. Physical exam was remarkable for tenderness to palpation at the right knee joint line and medial joint line and tight cervical spine muscles with trigger point injections. Current diagnoses included low back pain, muscle spasms, cervical dystonia, cervicogenic headaches and carpal tunnel syndrome bilateral wrists with strain. The treatment plan included magnetic resonance imaging cervical spine, x-rays of the cervical spine, a behavioral pain program, Botulin injections for headaches, follow-up with psychiatry and internal medicine, increasing Opana ER and renewing medications (Opana ER and Oxycodone).

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Flexion/extension 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 has a remote history of a work-related injury in September 2002 and is being treated for bilateral knee, shoulder, low back pain, and radiating neck pain with numbness and weakness in the upper extremities. When seen, she had increasing symptoms. She was having more difficulty working. Physical examination findings included cervical paraspinal muscle tightness with trigger points. There was decreased upper extremity strength and sensation. There was decreased lumbar range of motion with pain. A cervical spine MRI and x-rays were requested. An x-ray of the cervical spine can be recommended as the initial study in a patient older than 40 with no history of trauma or with a history of remote trauma, as the initial study in a patient of any age with a history of previous malignancy or remote neck surgery, or after surgery to evaluate the status of a fusion. In this case, the claimant does not have a history of significant or recent cervical spine trauma and has not had a cervical fusion. The requested x-ray study with flexion and extension views is not medically necessary.