

Case Number:	CM15-0168625		
Date Assigned:	09/09/2015	Date of Injury:	12/05/1997
Decision Date:	10/08/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	08/27/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 is a 67 year old male with a date of injury of December 5, 1997. A review of the medical records indicates that the injured worker is undergoing treatment for cervical sprain and strain, and diabetes mellitus. Medical records (August 4, 2015) indicate that the injured worker complains of cervical spine flare-up without new injury and an increase in symptoms with prolonged positioning of head and abrupt movement. The symptoms are described as severe and constant. Medical records (August 15, 2015) indicate the injured worker complained of constant pain of the cervical spine. The physical exam (August 4, 2015) reveals tenderness of the cervical spine paravertebral muscles with associated spasm and guarding, decreased range of motion and increased pain of the cervical spine, and increased pain bilaterally with Spurling's. Treatment has included cervical spine fusion in 2003, and medications (Norco since at least January of 2015; Neurontin since at least January of 2015). The original utilization review (August 20, 2015) non-certified a request for a two view x-ray series of the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 view X-ray series cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back Chapter, Radiography (X-rays) section.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: According to the guidelines, x-rays of the neck are recommended for red flag symptoms or fracture. Routine use in the 1st 4-6 weeks are not recommended. In this case, the claimant had undergone a prior fusion. There were persistent spasms but no acute neurological findings. The request for the x-ray is not medically necessary.