

Case Number:	CM15-0183930		
Date Assigned:	09/24/2015	Date of Injury:	11/28/2011
Decision Date:	10/30/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/18/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 34-year-old female who sustained an industrial injury on 11-28-11. The assessment is noted as left shoulder impingement syndrome, cervical strain, thoracic strain, lumbar strain, chest contusion with rib deformity- rule out fracture malunion, seizure disorder, chronic intractable pain syndrome, depression and anxiety, and posttraumatic stress disorder. In a progress report dated 6-22-15, the physician notes continued pain, anxiety, depression and posttraumatic stress disorder. Anxiety and depression are noted to be worsening. A follow up neurological evaluation dated 8-3-15 notes she had a seizure on 7-12-15 and as a result had trauma to her forehead region with a laceration above the right eyebrow, which was stitched, and since then she has developed a post concussion headache. In a primary treating physician's orthopedic spine surgery narrative progress report with request for authorization dated 8-17-15, the physician notes present complaints of neck pain with associated headaches with pain and numbness radiating down the bilateral upper extremities. Pain is rated at 8 out of 10. Pain of the upper and mid back is rated at 8 out of 10. Pain of the lower back with numbness radiating to the bilateral lower extremities is rated at 8 out of 10. Current medication is Flector Patch. Anteroposterior lateral, flexion-extension xrays of the cervical spine were reviewed and the impression was noted as no evidence of fracture, no evidence of instability, and well maintained disc heights. Work status is temporary total disability until 9-28-15. The requested treatment of x-ray of the cervical spine including anteroposterior lateral, flexion and extension views was denied on 9-4-15.

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 including anteroposterior, lateral flexion, and extension views:
Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck section, Radiographs.

Decision rationale: Pursuant to the Official Disability Guidelines, x-rays cervical spine including antero-posterior, lateral flexion and extension views are not medically necessary. Patients were alert, have never lost consciousness, are not under the influence of alcohol and/or drugs, have no distracting injuries, have no cervical tenderness and no neurologic findings, do not need imaging. Patients who do not fall into this category should have a three view cervical radiographic series followed by computed tomography (CT). The indications for imaging are enumerated in the Official Disability Guidelines. In this case, the injured worker's relevant working diagnoses are cervical strain; chronic intractable pain syndrome; depression and anxiety; and left shoulder impingement syndrome. Date of injury is January 28, 2011. Request for authorization is August 17, 2015. The documentation shows the injured worker had an MRI cervical spine March 6, 2012. There were no fractures or herniated discs document. There was a questionable annular tear at C6 - C7. According to an August 17, 2015 progress note, the injured worker's subjective complaints include neck pain with headache. The pain radiates to the bilateral upper extremities 8/10. Additional complaints include upper, mid and low back pain. Medications include flector patch. Objectively, there is no cervical spine examination. There is decreased sensation at the L3 - S1 levels. The treatment plan rationale for cervical spine x-rays are to further evaluate neck pain. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation with a physical examination of the cervical spine and no clinical rationale for x-rays of the cervical spine with red flags or recent trauma, x-rays cervical spine including antero-posterior, lateral flexion and extension views are not medically necessary.