

Case Number:	CM15-0184685		
Date Assigned:	09/25/2015	Date of Injury:	12/01/1999
Decision Date:	11/02/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/21/2015

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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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:

The injured worker is a 56 year old male, who sustained an industrial injury on 12-01-1999. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for post laminectomy syndrome of the cervical spine, non-union of fracture, and degeneration of the cervical intervertebral disc. Medical records (02-23-2015 to 08-25-2015) indicate ongoing back pain, low back pain and stiffness with radiating pain and numbness in both lower extremities. Pain levels were 8 out of 10 on a visual analog scale (VAS). The progress report dated 08-25- 2015 states, "his neck is reasonably well." The IW was being seen for low back complaints. Records also indicate no changes in activity levels or level of functioning. Per the treating physician's progress report (PR), the IW has not returned to work. The physical exam, dated 08- 25-2015, revealed no objective findings in the cervical spine. Previous exams also failed to report any cervical complaints or objective findings. Relevant treatments have included lumbar fusion, cervical fusion, physical therapy (PT), work restrictions, and pain medications. The treating physician indicates that x-rays of the cervical spine (04-02-2015) showed no evidence of hardware failure and no significant change in alignment. The request for authorization received by the Utilization Review reportedly showed that the following test was requested: x-ray of the cervical spine. This request for authorization was not found in the available medical records. The original Utilization Review (09-01-2015) non-certified the request for x-ray of the cervical spine.

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: Upheld

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

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

Decision rationale: According to the cited ACOEM guidelines, special studies are not needed unless 3 or 4 weeks of conservative care has failed to improve symptoms. Imaging studies may be authorized when there are red flag conditions, tissue insult or neurologic dysfunction, failure to progress in a strengthening program designed to avoid surgery, or anatomical clarification prior to an invasive procedure. According to the most recent treating provider notes from 09-01-2015, the injured worker has not meet any of the above criteria. He had prior cervical fusion, physical therapy, and medications, while recent x-rays (04-02-2015) did not show any significant changes from previous. The physical exam of the neck showed no abnormalities. Therefore, the request for x-ray of the cervical spine is not medically necessary and appropriate at this time.