

Case Number:	CM15-0191844		
Date Assigned:	10/05/2015	Date of Injury:	05/04/2013
Decision Date:	11/12/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	09/29/2015

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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 57 year old male, who sustained an industrial injury on 5-4-2013. He reported neck and low back injuries from a motor vehicle accident. Diagnoses include lumbar disc degeneration, radiculopathy, mood disorder, and cervicobrachial syndrome, status post cervical fusion in 9-20-2012, and status post lumbar laminectomy. Treatments to date include activity modification, medication therapy, TENS unit, transforaminal lumbar steroid injections. On 9-11-15, he complained of ongoing pain in the neck and low back. The provider documented report of worsening cervical pain with radicular symptoms. The physical examination documented significant physical findings of the lumbar spine. There was no documentation of a physical examination completed to the cervical spine submitted for this review dated 9-11-15, or for the previous six months. The plan of care included cervical x-rays. The appeal requested authorization for an X-ray series of the cervical spine with lateral flexion and extension views. The Utilization Review dated 9-21-15, denied this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-Ray Series of the Cervical Spine with Lateral Flexion and Extension Views QTY: 1:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (Acute & Chronic), Radiography (x-rays).

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, under Extension and Flexion X-rays.

Decision rationale: This injury occurred two years ago. There is no physical examination for the prior six months. There was subjective cervical pain, offered as the basis for the imaging request. There is no documentation of cervical spine instability. The ODG notes in the Neck section, under Flexion and Extension x-rays, that quite simply, they are not recommended as primary criteria for range of motion. Simple physical examination of range of motion on observation, or with an office goniometer are sufficient. There were no signs on exam suggested of instability or spondylolisthesis, so the request is not supported for that purpose. The request was appropriately non-certified under the evidence-based criteria.