

<b>Case Number:</b>	CM15-0193560		
<b>Date Assigned:</b>	10/07/2015	<b>Date of Injury:</b>	07/06/2015
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	09/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2015

### 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:

The injured worker is a 42 year old female who sustained an industrial injury on 07-06-2015. A review of the medical records indicated that the injured worker is undergoing treatment cervical-trapezial musculoligamentous sprain and strain and lumbosacral musculoligamentous sprain and strain with bilateral lower extremity radiculitis. According to the treating physician's progress report on 08-10-2015, the injured worker continues to complain of bilateral shoulder pain, bilateral forearm, wrist and hand pain, bilateral lower leg and foot pain, low back pain radiating to the left lower extremity, neck pain radiating to the right upper extremity. Examination of the cervical spine demonstrated straightening of the lordotic curve with tenderness to palpation and guarding over the paraspinal musculature and upper trapezius muscles bilaterally. Axial compression test and Spurling's elicited neck pain without radicular components. Range of motion was noted as flexion at 45 degrees, extension at 52 degrees, right rotation at 60 degrees, left rotation at 65 degrees, right lateral flexion at 30 degrees and left lateral flexion at 32 degrees. The lumbar spine examination demonstrated tenderness to palpation with guarding over the paraspinal muscles and lumbosacral junction. Supine and sitting straight leg raise elicited increased lower back pain radiating to the knees bilaterally. Range of motion was noted as flexion at 42 degrees, extension at 14 degrees, right lateral bending at 14 degrees and left lateral bending at 16 degrees. Passive range of motion of both shoulder revealed subacromial crepitus with negative provocative testing. Sensory, motor strength and deep tendon reflexes of the bilateral upper and lower extremities were intact. Prior treatments and current medications were not noted. Treatment plan consists of chiropractic therapy and physical therapy for the bilateral

wrist, psychiatric consultation and retrospective requests X-rays of the cervical spine and X-rays of the lumbar spine (DOS: 08-10-2015). On 09-11-2015 the Utilization Review determined the retrospective requests for X-rays of the cervical spine and X-rays of the lumbar spine (DOS: 08-10-2015) were not medically necessary.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Retrospective (DOS: 08/10/2015) X-rays 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): Summary.

**Decision rationale:** According to the guidelines, x-rays of the cervical spine are recommended for red flag symptoms and recent trauma. There was no indication of infection or concern of a tumor. The request for an x-ray of the cervical spine is not medically necessary.

**Retrospective (DOS: 08/10/2015) X-rays of the lumbar spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Summary.

**Decision rationale:** According to the guidelines, x-rays of the lumbar spine are recommended for red flag symptoms and recent trauma. In this case, there were no acute neurological abnormalities, there was paraspinal tenderness. There was no indication of infection or concern of a tumor. The request for an x-ray of the lumbar spine is not medically necessary.