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| Case Number: | CM15-0203500 | | |
| Date Assigned: | 10/20/2015 | Date of Injury: | 10/01/2011 |
| Decision Date: | 12/02/2015 | UR Denial Date: | 10/01/2015 |
| Priority: | Standard | Application Received: | 10/15/2015 |

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: North Carolina

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 56 year old female who sustained an industrial injury on 10-1-11. The injured worker reported pain in the cervical and lumbar spine. A review of the medical records indicates that the injured worker is undergoing treatments for cervical disc disease, lumbar pain and bilateral mild to moderate median neuropathy. Provider documentation dated 9-24-15 noted the work status as temporary totally disabled. Treatment has included acupuncture treatment, chiropractic treatments, magnetic resonance imaging, functional restoration program, Tramadol, physical therapy, Lumbar magnetic resonance imaging, cervical radiographic studies, electromyography, and Elavil since at least August of 2015. Objective findings dated 9-24-15 were notable for tenderness to palpation to the lumbar spine, straight leg raise mildly positive on the right. The original utilization review (10-1-15) denied a request for X-rays 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-rays of the cervical spine: Upheld

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

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

Decision rationale: The ACOEM chapter on neck and upper back complaints and special diagnostic studies states: Criteria for ordering imaging studies are: Emergence of a red flag, Physiologic evidence of tissue insult or neurologic dysfunction, Failure to progress in a strengthening program intended to avoid surgery, Clarification of the anatomy prior to an invasive procedure. The provided progress notes fails to show any documentation of indications for imaging studies of the neck as outlined above per the ACOEM. There was no emergence of red flag. The neck pain was characterized as unchanged. The physical exam noted no evidence of new tissue insult or neurologic dysfunction. There is no planned invasive procedure. Therefore criteria have not been met for imaging of the cervical spine and the request is not medically necessary.