

Case Number:	CM15-0020817		
Date Assigned:	02/10/2015	Date of Injury:	09/20/1999
Decision Date:	03/30/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/04/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 64 year old female who sustained an industrial injury on 9/20/99 involving a slip and fall injury multiple body parts and undergoing several treatments. She currently complains of chronic neck pain and is status post multiple fusion surgeries. She gets relief with medications and rest. She is able to perform activities of daily living and home exercises with the aid of medications. Medications are Norco, Lidoderm patches, Prilosec, Senna, aspirin, Flector Patches, Voltaren, Elavil, Anaprox and Flexaril. Diagnoses include right shoulder arthroscopy (2/12/13) with persistent subacromial impingement and arthrofibrosis; adhesive capsulitis of shoulder and cervicalgia; status post cervical spine surgery with benefit; depression; anxiety. Treatments to date include home exercise, medications, cognitive behavioral therapy, physical therapy. Diagnostics include x-ray scoliosis study (12/4/14) indicated anterior and posterior spinal fusion without hardware complications; X-rays AP/ lateral cervical spine (10/27/14) demonstrate good placement of instrumentation from C3-T3 and no change in slight C7 upon T1 anterolisthesis (taken from progress note dated 1/13/15). On 1/26/15 Utilization review non-certified the request for x-ray cervical spine AP (open mouth) lateral and odontoid citing MTUS: ACOEM: Chapter 8: neck and Upper back Complaints: Radiography.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-Ray Cervical Spine AP (open mouth) Lateral and Odontoid: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter, Radiography

Decision rationale: Regarding request for cervical spine x-ray, Occupational Medicine Practice Guidelines state that x-rays should not be recommended in patients with neck pain in the absence of red flags for serious spinal pathology even if the pain has persisted for at least 6 weeks. However, it may be appropriate when the physician believes it would aid in patient management. Guidelines go on to state that subsequent imaging should be based on new symptoms or a change in current symptoms. Within the documentation available for review, it is clear the patient has had substantial imaging already provided. There is no statement indicating how the patient's symptoms or findings have changed since the time of the most recent imaging. Additionally, the requesting physician has not stated how his medical decision-making will be changed based upon the outcome of the currently requested cervical x-ray. In the absence of clarity regarding those issues, the currently requested cervical x-ray is not medically necessary.