

Case Number:	CM15-0025325		
Date Assigned:	02/17/2015	Date of Injury:	11/12/2014
Decision Date:	03/27/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/10/2015

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 54 year old female who sustained an industrial injury on 11/12/14. She reports neck pain, with associated arm and hand numbness. Treatments to date include radiography of the cervical, neck, and thorax, flexeril, naproxen, and a Medrol dosepack. Diagnoses include neck pain and muscle spasm. In a progress noted dated 11/17/14 the treating provider recommends cervical, neck and thoracic x-rays, in addition to medications. On 02/02/15 Utilization Review noncertified the cervical x-rays, citing MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient retroactive (11/17/14) cervical X-ray: Overturned

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): 182.

Decision rationale: According to the guidelines, an x-ray of the cervical spine is recommended in the event of red flag findings such as that associated with trauma, infection, tumor, etc. In this

case, the claimant injury was a few days after the injury. The claimant had C7 point tenderness and reduced range of motion. As a result, the x-ray was appropriate and medically necessary.