

<b>Case Number:</b>	CM15-0043602		
<b>Date Assigned:</b>	03/26/2015	<b>Date of Injury:</b>	03/19/2001
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2015

### 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 64 year old male, who sustained an industrial injury to his cervical and lumbar spine on 3/19/01. The diagnoses have included cervicalgia, lumbar post laminectomy syndrome, and chronic pain syndrome. Treatment to date has included medications, surgery, diagnostics, chiropractic and conservative measures. Surgery included decompression with artificial disc replacement from C3-7. Currently, as per the physician follow up progress note dated 1/8/15, the injured worker was for follow up visit and was doing quite well. The exam revealed that he could touch his chin to his chest and that he had full extension and rotation of the neck. It was also noted that he has had chiropractic treatment over the past 10 years and found that it was beneficial. It was noted that he was making a good recovery to date, that it was recommended that he take an anti-inflammatory medication and a re-fill was given on the pain medication Oxycodone. The physician requested treatment was Retrospective: X-Rays of the Cervical Spine (DOS: 01/08/15).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective: X-Rays of the Cervical Spine (DOS: 01/08/15): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-8. Decision based on Non-MTUS Citation Official

Disability Guidelines, Neck and Upper Back (Acute & Chronic), Indications for imaging - X-Rays.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-188.

**Decision rationale:** The ACOEM Guidelines support the use of x-rays of the upper back and neck region as the initial studies when there are red flag findings suspicious for a broken bone or a nerve problem associated with recent trauma, cancer, or infection. The Guidelines also support their use when the worker had recent trauma with findings such as tenderness over the center of the spinal bones, head injury, or alcohol or drug use. The submitted and reviewed documentation indicated the worker was experiencing pain in the hip and pelvis and right hand numbness. There was no discussion suggesting the reason this study would be helpful in the worker's care or describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for x-rays of the cervical spine region on the date of service 01/08/2015 is not medically necessary.