

<b>Case Number:</b>	CM15-0044150		
<b>Date Assigned:</b>	03/16/2015	<b>Date of Injury:</b>	10/21/2014
<b>Decision Date:</b>	04/17/2015	<b>UR Denial Date:</b>	03/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/09/2015

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 28 year old female, who sustained an industrial injury on 10/21/2014. She has reported injury to the left upper extremity, neck, and back. The diagnoses have included left cervico-brachial syndrome; left forearm wrist-hand tendonitis; and lumbar sprain/strain. Treatment to date has included medications. A progress note from the treating physician, dated 02/18/2015, documented an evaluation with the injured worker. Currently, the injured worker complains of constant moderate pain to the left neck, shoulder, arm and lower back; the pain becomes severe at times; and the pain has made it difficult to keep up with daily activities. Objective findings included pain, discomfort, painful restricted mobility at injured areas; left antalgic head on neck and lower back stance while walking with waddling gait; and marked inability to perform activities of daily living. The treatment plan has included therapy and radiographic studies. Request is being made for X-ray study of the cervical spine, as outpatient.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**X-ray study of the cervical spine, as outpatient:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-194.

**Decision rationale:** Per the ACOEM guidelines regarding cervical radiographs; "Initial studies (are recommended) when red flags for fracture or neurological deficit associated with acute trauma, tumor, or infection are present." Routine studies are not recommended "in the absence of red flags." ACOEM also notes that "Cervical radiographs are most appropriate for patients with acute trauma associated with midline vertebral tenderness, head injury, drug or alcohol intoxication, or neurologic compromise." (American College of Surgeons. Advanced Trauma and Life Support: A Manual for Instructors. Chicago: ACS;1993.) The medical notes provided did not document (physical exam, objective testing, or subjective complaints) any red flags for serious spinal pathology or other findings suggestive of the pathologies outlined in the ODG guidelines. As such, the request for X-ray study of the cervical spine, as outpatient is not medically necessary.