

<b>Case Number:</b>	CM14-0000791		
<b>Date Assigned:</b>	01/22/2014	<b>Date of Injury:</b>	09/23/1998
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	12/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/02/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Minnesota. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 59-year-old male who reported an injury on 09/23/1998. The mechanism of injury was not provided for review. The injured worker's treatment history included discectomy and fusion from C4 to C7, pain management, nerve blocks, multiple injections and trigger point injections. The injured worker was evaluated on 12/16/2013. It was documented that the injured worker had 7/10 pain of the cervical spine radiating into the bilateral upper extremities. Physical findings included limited cervical spine range of motion secondary to pain with positive bilateral facet loading of the cervical spine. The injured worker's diagnoses included failed back syndrome, occipital neuralgia, facet spondylosis of the thoracic spine, and myofascial pain syndrome. The injured worker's treatment plan included continuation of medications. A request was made cervical spine x-rays; however, no justification was provided for the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**X-ray of the cervical spine (5 views):** 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): 177-179.

**Decision rationale:** The requested x-ray of the cervical spine (5 views) is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends imaging studies when there is evidence of neurological deficits, suspicion of trauma, or the need for clarification of anatomy prior to surgical intervention. The clinical documentation submitted for review does indicate that the injured worker is participating in active therapy and has persistent pain complaints. However, there is no documentation to support that the injured worker has had any type of trauma to the spinous process or significant progressive neurological deficit that would require an x-ray of the cervical spine. The clinical documentation submitted for review does not indicate that there has been a significant change in the injured worker's clinical presentation since the prior imaging study. Therefore, an additional imaging study would not be supported. As such, the requested x-ray of the cervical spine (5 views) is not medically necessary or appropriate.