

Case Number:	CM14-0117456		
Date Assigned:	08/06/2014	Date of Injury:	04/19/2012
Decision Date:	10/09/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	07/27/2014

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 Texas and Ohio. 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 46-year-old male who reported an injury on 04/19/2012. The mechanism of injury was not provided. On 06/25/2014, the injured worker presented with pain to the left side of the face of the mouth. He also reported difficulty chewing food and difficulty hearing in the left ear. Upon examination, there was tenderness over the left mandible and temporomandibular joint region as well the parietal region. The cranial nerves 2 to 12 were grossly intact with the exception of decreased hearing to the left side and decreased sensation in the middle and lower trigeminal region. There was no specific cervical tenderness of paraspinous. There was mild left sided spasming and a negative Spurling's. There was intact sensation in all dermatomes of the upper extremity and 5/5 motor strength. Prior therapies were not noted. The provider recommended an x-ray of the cervical spine; the provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 X-ray C-spine flex/EXT/Lats: Upheld

Claims Administrator 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, Neck & Upper Back (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The California MTUS/ACOEM Guidelines state for most injured workers presenting with true neck or upper back problems, special studies are not needed unless a 3 to 4 week period of conservative care and observation fails to improve symptoms. Most injured workers improve quickly, provided any red flag conditions are ruled out. The criteria for ordering imaging studies include emergence of a red flag, physiologic evidence of a tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, or clarification of anatomy prior to invasive procedure. There is lack of documentation that the injured worker underwent and failed at least a 3 to 4 week period of conservative treatment. As such, medical necessity has not been established.