

<b>Case Number:</b>	CM14-0140002		
<b>Date Assigned:</b>	09/08/2014	<b>Date of Injury:</b>	05/25/2011
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	08/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2014

### 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 Preventive Medicine and is licensed to practice in California. 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:

According to the records made available for review, this is a 65-year-old male with a 5/25/11 date of injury, and cervical fusion C3-C5 in 2008. At the time (7/8/14) of request for authorization for X-ray cervical spine, there is documentation of subjective (cervical spine pain) and objective (tenderness to palpitation over the trapezius muscles bilaterally and palpable muscle spasms bilaterally; tenderness to palpitation over the spinal process from C2-C7, limited range of motion of the cervical spine; and positive Cervical Compression test, Cervical Distraction, Foraminal Compression, and Shoulder Depression tests) findings, current diagnoses (cervical musculoligamentous sprain/strain), and treatment to date (medications (including ongoing treatment with Vicodin).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**X-Ray Cervical Spine:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck, and Upper Back Radiography (X-Rays)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

**Decision rationale:** MTUS reference to ACOEM guidelines identifies documentation of emergence of red flag, physiological evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, or clarification of anatomy prior to an invasive procedure. ODG identifies documentation of a condition/diagnosis (with supportive subjective/objective findings) for which x-rays is indicated (such as cervical spine trauma, unconscious, impaired sensorium (including alcohol and/or drugs), multiple trauma, a serious bodily injury, neck pain, no neurological deficit, cervical tenderness, paresthesias in hands or feet; Chronic neck pain ( after 3 months conservative treatment), patient younger than 40, no history of trauma, first study; history of remote trauma, first study; patient older than 40, no history of trauma, first study, history of remote trauma, first study, patients of any age, history of previous malignancy, first study; patients of any age, history of previous remote neck surgery, first study; Post-surgery: evaluate status of fusion), as additional criteria necessary to support the medical necessity of cervical spine x-rays. Within the medical information available for review, there is documentation of a diagnosis of cervical musculoligamentous sprain/strain. In addition, given documentation of subjective (cervical spine pain) and objective (tenderness to palpitation over the spinal process from C2-C7, limited range of motion of the cervical spine; and positive Cervical Compression, Cervical Distraction, Foraminal Compression, and Shoulder Depression tests) findings, there is documentation of physiological evidence of tissue insult/neurologic dysfunction. Therefore, based on guidelines and a review of the evidence, the request for X-ray cervical spine is medically necessary.