

Case Number:	CM14-0143670		
Date Assigned:	09/12/2014	Date of Injury:	01/08/2014
Decision Date:	10/27/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/04/2014

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 Internal 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:

The injured worker is a 66 year old male whose date of injury is 01/08/14 when he was bounced around while operating a forklift and hit his head. He denies loss of consciousness but was dizzy and began to experience headaches and pain to the head. The injured worker was sent to the company doctor where x-rays were taken. The records indicate that the injured worker is diagnosed with cervical strain/sprain; lumbar strain/sprain with left radiculitis. He was treated conservatively with physical therapy, medications, and activity modification. MRI scans of the cervical and lumbar spine were performed on 02/25/14. Per report dated 05/20/14 the injured worker was considered permanent and stationary as of this date with 10% whole person impairment. The injured worker was seen for neurological evaluation on 06/09/14. Examination of the cervical spine revealed tenderness and spasms, with restricted cervical range of motion. There was no pronator drift. Romberg was negative. The injured worker was unable to perform tandem gait. Deep tendon reflexes were 1-2+ bilaterally. There was no focal sensory deficit. Impression was status post blunt head trauma, post traumatic head syndrome. Most recent progress report is dated 09/23/14 and notes neck clicking upon movement, soreness, tenderness; lumbar spine burning pain radiating to left leg. Objective findings noted decreased cervical range of motion in all planes with pain; lumbar range of motion within normal limits with pain; negative Valsalva; +3 tenderness to palpation lumbar and cervical paraspinals. Multiple imaging studies were requested including x-rays of cervical and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-rays (cervical/lumbar spine): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 179, 303.

Decision rationale: The injured worker has no findings of neurologic deficits on clinical examination that would support the need for imaging studies of the cervical or lumbar spine. Moreover, the injured worker has had previous x-rays as well as MRI scans. There is no medical necessity for repeat imaging studies. Based on the clinical information provided, the request for x-rays (cervical/lumbar spine) is not recommended as medically necessary.