

<b>Case Number:</b>	CM14-0165859		
<b>Date Assigned:</b>	10/10/2014	<b>Date of Injury:</b>	05/31/2012
<b>Decision Date:</b>	11/12/2014	<b>UR Denial Date:</b>	09/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2014

### 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, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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:

This injured worker is a 41 year old employee with date of injury of 5/31/2012. Medical records indicate the injured worker is undergoing treatment for closed head injury with possible neurologic or psychiatric issues, a chronic musculoligamentous cervical spine strain and sprain associated with right upper extremity radiculitis; chronic musculoligamentous thoracic spine sprain and strain associated with multiple level spondylosis and tobacco abuse. Subjective complaints include constant severe neck pain which radiates down his right arm and extends to his right hand. He has numbness and tingling in his right hand. His neck pain radiates to his upper and lower back radiating down his right leg. This pain is associated with right leg numbness which causes his right leg to give way. He is taking 4 tables of Norco 7/5/325 per day to control his pain. He also takes Restoril 15mg to help him sleep. Injured worker states he continues to smoke 1-1/2 packs of cigarettes per day. Objective findings on exam include a mild antalgic gait with the use of a cane in his right hand. An exam of the cervical spine showed range of motion at: flexion and extension at 20 degrees, rotation at 30 and lateral bending at 10. Palpation of the neck proved moderate tenderness over the cervical spinous process particularly at the base of the neck. There is no tenderness to the paraspinal, trapezius or nerve roots on either side. Deep tendon reflexes are unattainable at biceps, triceps and the brachioradialis. At the thoracic spine there is moderate tenderness over the spinous process at all thoracic levels down to the lumbar levels of the same degree. There is no tenderness on both sides of the paraspinal muscles. Treatment has consisted of Norco and Restoril. Physical therapy was requested but denied. The utilization review determination was rendered on 9/23/2014 recommending non-certification of an X-ray of the cervical spine.

### 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:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-167. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Radiography

**Decision rationale:** ACOEM states that "Potentially serious neck or upper back disorders: fracture, dislocation, infection, tumor, progressive neurologic deficit, or cord compression" may require "special studies, referrals or in patient care during the first four weeks". ODG Indicators for a cervical x-ray are listed below. Indications for imaging -- X-rays (AP, lateral, etc.):- Cervical spine trauma, unconscious- Cervical spine trauma, impaired sensorium (including alcohol and/or drugs)- Cervical spine trauma, multiple trauma and/or impaired sensorium- Cervical spine trauma (a serious bodily injury), neck pain, no neurological deficit- Cervical spine trauma, alert, cervical tenderness, paresthesias in hands or feet- Cervical spine trauma, alert, cervical tenderness- Chronic neck pain (= after 3 months conservative treatment), patient younger than 40, no history of trauma, first study- Chronic neck pain, patient younger than 40, history of remote trauma, first study- Chronic neck pain, patient older than 40, no history of trauma, first study- Chronic neck pain, patient older than 40, history of remote trauma, first study- Chronic neck pain, patients of any age, history of previous malignancy, first study- Chronic neck pain, patients of any age, history of previous remote neck surgery, first study - Post-surgery: evaluate status of fusionThe treating physician has not provided evidence of new injury, re-injury, or red flags to meet the above guidelines. In addition, 2 previous magnetic resonance imaging (MRI) scans in the past showed no evidence of red flags. As such the request for X-ray of the cervical spine is not medically necessary.