

<b>Case Number:</b>	CM14-0166028		
<b>Date Assigned:</b>	10/13/2014	<b>Date of Injury:</b>	09/15/1997
<b>Decision Date:</b>	11/12/2014	<b>UR Denial Date:</b>	10/03/2014
<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 Physical Medicine and rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 62-year-old male with date of injury of 09/15/1997. The listed diagnoses per [REDACTED] from 09/24/2014 are: 1. Neck pain. 2. Headaches. 3. Thoracic pain. 4. Bilateral shoulder pain. None of the reports provided for review from 09/26/2014 to 10/03/2014 show any documentation of the patient's subjective complaints and the physician's physical examination. The utilization review denied the request on 10/03/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Repeat x-ray of the cervical spine (neck):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Cervical and Thoracic Spine Disorders

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines special studies for the cervical spine Page(s): 177-178.

**Decision rationale:** This patient presents with neck pain, headaches, thoracic, and bilateral shoulder pain. The physician is requesting repeat x-rays of the cervical spine (neck). The ACOEM Guidelines on special studies for the cervical spine page 177 to 178 supports the use of

x-rays in the emergence of a red flag; there is evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery and clarification of anatomy prior to invasive procedure. ODG Guidelines under the cervical spine chapter for radiography states that it is not recommended except for indications below. Further evaluation of patients with chronic neck pain, plain radiograph should be the initial study performed. The indications include impaired sensorium, multiple trauma and/or impaired sensorium, neck pain, no neurological deficit, etc. The records do not show any prior x-rays of the cervical spine. None of the documents mentioned it either. The utilization review denied the request stating, "It is the opinion of this reviewer that since another intervention of occipital nerve block will be performed that there is no need for repeat x-rays of the cervical spine as facet joint injections." In this case, none of the reports document any objective findings, new injury, new trauma or red flags that would warrant a repeat x-ray of the cervical spine. The request is not medically necessary.