

Case Number:	CM14-0216255		
Date Assigned:	01/06/2015	Date of Injury:	06/15/2011
Decision Date:	02/24/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/24/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric Medicine

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 51 year old woman with a date of injury of 6/15/11 when a wooden cabinet fell on her. She was seen by her provider on 10/29/14 with complaints of neck pain with radiation to her left shoulder and arm. She had a recent MRI and was awaiting repeat CT scan due to 'inadequate study'. She also is status post cervical spine x-ray on 10/10/14, the same date as her cervical MRI. Her exam showed left sided cervical paraspinous tenderness. Extension and flexion were decreased by 70% due to pain. Lateral flexion rotation was also decreased and her strength was grossly intact in her upper extremities. Her diagnosis was cervical radiculopathy. At issue in this review is the request for x-rays of the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat X-rays of cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 14 Ankle and Foot Complaints Page(s): 165-193.

Decision rationale: The request in this injured worker with chronic neck pain is for repeat x-rays of the cervical spine. The records document a physical exam with pain with range of motion no red flags or indications for immediate referral or imaging. A MRI was already completed to document anatomic defects and neck pathology and a CT scan is pending. The medical necessity of cervical spine x-rays in addition to the MRI and CT scan are not medically substantiated in the records.