

Case Number:	CM15-0012088		
Date Assigned:	01/29/2015	Date of Injury:	09/30/2010
Decision Date:	03/25/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/21/2015

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: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 59 year old who sustained an industrial injury on 09/30/2010. Diagnoses include cervical spine sprain/strain, post anterior cervical discectomy and fusion, C3-C6, and bilateral microforaminotomy at C3-C4, C4-C5, and C5-C6, status post lumbar decompression and fusion L5-S1 which was performed on 8/28/2014. She has left shoulder sprain/strain, and left shoulder impingement. Treatment to date has included medications. X rays of the cervical spine were last done on 08/01/2013 and revealed prior anterior discectomy and fusion at the C3-C6 levels, moderate degenerative disc disease at C7-T1 and mild degenerative disc disease at C6-C7. Treatment requested is for x-rays of the neck, status post fusion. On 12/19/2014 Utilization Review non-certified the request for x-ray of the neck, and cited was California Medical Treatment Utilization Schedule (MTUS), and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-Ray of the Neck: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 177-178, 179. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back Chapter, radiography (X-Rays)

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

Decision rationale: The patient continues to have chronic neck pain following post cervical disectomy and fusion C3-6. The current request is for a plain X-ray study of the neck. CA MTUS is silent on cervical X-rays. ACOEM, page 179 addresses the criteria for x-ray studies. In this case, there has been no recent trauma and the status of the C3-6 fusion was performed on 8/1/13 and the fusion was apparently stable at that time. The attending physician does not offer any explanation to support the request for additional x-ray studies. There is no report of new trauma and no report of recent exacerbation of her condition. The available medical records do not offer medical support for the request for additional cervical x-rays per ACOEM guidelines. As such, recommendation is for denial.