

Case Number:	CM15-0014308		
Date Assigned:	02/02/2015	Date of Injury:	09/10/2014
Decision Date:	04/14/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	01/26/2015

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
 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 51-year-old female who reported an injury on 09/10/2014. The mechanism of injury was a motor vehicle accident. Her medications included Tylenol 500 mg. The progress report dated 01/09/2015 documented on physical exam the injured worker to have tenderness to palpation over the spinous processes of the cervical spine. There is no tenderness or spasm over the paravertebral, upper trapezii or sternocleidomastoid musculature of the cervical spine. There is tenderness to palpation over the intrascapular muscles of the cervical spine bilaterally. Range of motion of the cervical spine was measured in flexion at 39 degrees, extension at 34 degrees, left lateral bending at 34 degrees, right lateral bending at 36 degrees, left lateral rotation at 54 degrees and right lateral rotation at 53 degrees. There is pain and spasm with extension and right lateral bending of the cervical spine. There was a positive Tinel's test bilaterally. Tenderness to pressure was noted on the right coracoid process and left posterior portion of the shoulder joint. Measurements of active range of motion of bilateral shoulders were measured in flexion at 143 on the right and 145 on the left, extension 29 degrees/30 degrees, abduction 140 degrees/141 degrees, adduction 30 degrees/30 degrees, external and internal rotation were both measured at 80 degrees /80 degrees. There is no pain with range of motion in either shoulder. X-rays of the cervical spine, right shoulder, left shoulder, and lumbar spine were taken on 12/01/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

One set of X-rays of the cervical spine, four views: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177 - 178, Chronic Pain Treatment Guidelines.

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

Decision rationale: The request for X-rays of the cervical spine, four views is not medically necessary. The ACOEM guidelines state for most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out. Criteria for ordering imaging studies include an emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, clarification of the anatomy prior to an invasive procedure. There is lack of documentation of red flag conditions, or a change in neurological function, or clarification needed for an invasive procedure. Therefore, the request for x-rays of the cervical spine 4 views is not medically necessary.

One set of X-rays of the thoracic spine, AP & lateral: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

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

Decision rationale: The request for X-rays of the thoracic spine, AP & lateral is not medically necessary. The ACOEM guidelines state for most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out. Criteria for ordering imaging studies include an emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, clarification of the anatomy prior to an invasive procedure. There is lack of documentation of red flag conditions, or a change in neurological function, or clarification needed for an invasive procedure. Therefore, the request for x-rays of the thoracic spine AP and lateral is not medically necessary.