

Case Number:	CM15-0122635		
Date Assigned:	07/06/2015	Date of Injury:	04/26/2009
Decision Date:	09/01/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	06/25/2015

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: New Jersey
 Certification(s)/Specialty: Family Practice

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 50 year old female, who sustained an industrial injury on April 26, 2009. The injured worker reported slipping causing her to try to break her fall by grabbing onto something, but the injured worker still landed on a plastic tote on the floor with her leg underneath the plastic tote. She experienced pain to the neck, low back, right leg, dizziness, and disorientation. The injured worker was diagnosed as having cervical sprain and strain with right greater than the left upper extremity involvement, lumbar spine sprain and strain, status post lumbar fusion surgery, and status post anterior lumbar interbody fusion surgery with infection and debridement. Treatment and diagnostic studies to date has included medication regimen, rehabilitation program, physical therapy, cervical spine x-ray performed in 2013, biofeedback therapy, above noted procedures, and chiropractic therapy. In a progress note dated May 08, 2015 the treating physician reports complaints of moderate to severe, constant, sharp, dull, numbing pain to the neck that radiates to the bilateral upper extremities with the right greater than the left. Examination reveals tenderness to the cervical paravertebral muscles and the trapezius muscles with guarding, decreased range of motion to the cervical spine, and decreased sensation to the cervical five distribution over the bilateral upper extremities. The injured worker's pain level was rated a 7 to 8 out of 10 on a scale of 0 to 10. The treating physician requested an x-ray of the cervical spine to assess for any internal changes from prior x-ray performed in 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179 and 182. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th edition (web), 2014 Neck and Upper Back (Acute and Chronic) (updated 05/12/2015), Radiography (x-rays).

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

Decision rationale: The MTUS ACOEM Guidelines state that for most patients presenting with true neck or upper back problems, special studies are not needed unless a 3-4 week period of conservative care and observation fails to improve symptoms, assuming red flag diagnoses are ruled out such as fracture, tumors, and other more emergent conditions. Cervical radiographs, specifically, are most appropriate for patients with acute trauma associated with midline vertebral tenderness, head injury, drug or alcohol intoxication, or neurologic compromise. In the case of this worker, although there is history of neck injury from 2009, there was no recent record which suggested there was an acute injury or re-injury of the neck or head areas to suggest a fracture or any other injury which would warrant cervical spine x-rays and there was no clear explanation found in the notes as to why the x-ray was requested. Therefore, considering these factors, the request for cervical spinal x-ray will be considered medically unnecessary at this time based on the records available for review.