

<b>Case Number:</b>	CM15-0021391		
<b>Date Assigned:</b>	02/10/2015	<b>Date of Injury:</b>	09/02/2011
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	01/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/04/2015

### 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 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 54 year old female, who sustained an industrial injury on 09/02/2011. She reported falling at work and her head bounced backward and injured her right knee. The injured worker is currently disabled. The injured worker is currently diagnosed as having cervicogenic headaches, occipital neuralgia, disorder of sleep, cervical disc disease, status post right knee surgery, right shoulder impingement, and numbness to right upper extremity. Treatment and diagnostics to date has included home exercise program, cervical spine MRI which showed mild disc protrusion, disc desiccation, and stenosis, right wrist brace, right knee brace, use of a cane, and medications. In a progress note dated 01/05/2015, the injured worker presented with complaints of headaches, dizziness, numbness to the right upper extremity, right shoulder pain, and right knee pain. Objective findings include pain and tenderness with pressure over the occipital nerves and decreased neck range of motion. The treating physician reported requesting authorization for cervical spine x-rays.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**X-Ray to the cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

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

**Decision rationale:** The request in this injured worker with chronic pain is for x-rays of the cervical spine. The records document a physical exam with pain and decreased range of motion no red flags or indications for immediate referral or imaging. The records do not document how the radiographs will change clinical management and in the absence of physical exam evidence of red flags, x-rays of the cervical spine are not medically necessary.