

Case Number:	CM15-0069937		
Date Assigned:	04/17/2015	Date of Injury:	10/03/2002
Decision Date:	06/12/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	04/14/2015

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: 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 36 year old female, who sustained an industrial injury on 10/03/2002. She has reported subsequent neck and shoulder pain and was diagnosed with cervicalgia and disorders of bursae and tendons in shoulder region. Treatment to date has included oral and topical pain medication, acupuncture and physical therapy. In a progress note dated 07/09/2014, the injured worker complained of neck, upper back, right shoulder, right elbow and right hand pain. Objective findings were notable for tenderness to palpation of the right cervical paraspinal muscles, superior trapezius and cervical facets, positive Spurling's maneuver on the right, tenderness along the cervical spine and shoulder and positive crossed arm adduction test. A request for authorization of 12 sessions of aqua therapy for the right shoulder and neck was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-Ray Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: According to guidelines it states imaging of the lumbar region is only indicated if there are red flags. There is no mention in the medical records why this is necessary. Based on this it is not medically necessary.