

Case Number:	CM15-0070502		
Date Assigned:	04/20/2015	Date of Injury:	09/20/1999
Decision Date:	05/18/2015	UR Denial Date:	03/19/2015
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: Emergency 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 65 year old female, who sustained an industrial injury on 9/20/1999. The mechanism of injury was not noted. The injured worker was diagnosed as having status post C6-7 and C7-T1 posterior osteotomies and C3-T3 posterior fusion with fixation. Treatment to date has included right shoulder arthroscopic surgery in 2013, left shoulder surgery in 2000 and 2006, carpal tunnel release in 2003, multiple cervical spinal surgeries (most recent 12/2014), diagnostics, physical therapy, and medications. X-ray scoliosis study, dated 12/04/2014, was submitted. X-rays of the cervical spine (AP and lateral views) were submitted, dated 1/12/2015, and compared to C-spine series performed on 10/27/2014. Currently (progress note 3/10/2015), the injured worker complains of neck discomfort, appearing mild. Normal strength was noted in all extremities. She ambulated well but did occasionally lean to the right. Worsening symptoms were not described. Additional imaging studies were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray cervical spine (AP, Lateral, Odontoid): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines

- Treatment for Workers' Compensation, Online Edition Chapter: Neck and Upper Back (Acute & Chronic) Radiography (x-rays).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic), Radiography (x-rays).

Decision rationale: The requested X-ray cervical spine (AP, Lateral, Odontoid), is not medically necessary. CA MTUS is silent, Official Disability Guidelines (ODG), Neck and Upper Back, (Acute & Chronic), Radiography (x-rays), note "Radiography (x-rays) - Not recommend routine x-rays in the absence of red flags." The injured worker has neck discomfort, appearing mild. Normal strength was noted in all extremities. The treating physician has not documented applicable red flag condition nor an acute clinical change. The criteria noted above not having been met, X-ray cervical spine (AP, Lateral, Odontoid) is not medically necessary.