

Case Number:	CM15-0076790		
Date Assigned:	04/28/2015	Date of Injury:	02/12/2013
Decision Date:	05/28/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	04/22/2015

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: Arizona, Texas

Certification(s)/Specialty: Internal 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 36 year old female, who sustained an industrial injury on 2/12/13. She reported pain in the left side of her neck, upper back and left arm related to cumulative trauma. The injured worker was diagnosed as having cervical radiculopathy and cervical strain. Treatment to date has included yoga, acupuncture, chiropractic treatments and pain medications. As of the PR2 dated 4/2/15, the injured worker reports pain in her neck that radiates to the left arm. She rates her pain a 6/10 with medications and 9/10 without medications. The treating physician noted restricted cervical range of motion due to pain. The treating physician requested a cervical spine x-ray with lateral flexion and extension views.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-Ray of the cervical spine with lateral flexion and extension views: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back, Acute and Chronic, X-Rays.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: According to the ACOEM with regards to special studies for neck pain, 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 are: 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. Physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. In this case the patient has chronic neck pain. She has had prior x-rays of the cervical spine. The documentation does not note any new trauma or symptoms that would require x-rays. During the utilization review an MRI of the cervical spine was approved to evaluate the patient's neurological dysfunction seen on physical exam. It is unlikely that x-rays would add to the approved MRI of the cervical spine. The x-rays of the cervical spine are not medically necessary.