

<b>Case Number:</b>	CM15-0091445		
<b>Date Assigned:</b>	05/15/2015	<b>Date of Injury:</b>	12/12/2014
<b>Decision Date:</b>	06/23/2015	<b>UR Denial Date:</b>	04/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2015

### 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: North Carolina

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 59 year old, female who sustained a work related injury on 12/12/14. The diagnoses have included cervical spine strain/sprain, lumbar strain/sprain, and anxiety/depression. Treatments have included medications, moist heat and modified work duties. In the PR-2 dated 3/27/15, the injured worker complains of frequent, sharp, burning, midline neck pain radiating to the left shoulder, left arm, left hand and fingers. She has stiffness and limited range of motion in neck. She has tenderness upon palpation of paracervical musculature. She complains of sharp, stabbing, pressure- and tension-type low back pain. She has associated numbness, weakness, tingling and stiffness. She has limited range of motion in low back. The treatment plan includes cervical spine and lumbar spine x-rays.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical Spine X-ray:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

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

**Decision rationale:** The ACOEM chapter on neck complaint states: 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. Criteria for cervical x-rays have not been met per the ACOEM and the request is not certified.

**Lumbar spine X-ray:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**Decision rationale:** The ACOEM chapter on low back pain states: Lumbar spine x rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks. Criteria for x-rays have not been met per the ACOEM and the request is not certified.