

Case Number:	CM15-0098638		
Date Assigned:	06/01/2015	Date of Injury:	11/17/2006
Decision Date:	07/02/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	05/21/2015

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 43 year old male, who sustained an industrial injury on November 17, 2006. The injured worker's initial complaints and diagnoses are not included in the provided documentation. He is status post fusion at lumbar 4-5 and lumbar 5-sacral 1. Diagnostics to date include an MRI and x-rays of the lumbar spine. Treatment to date has included a home exercise program and pain medication. On April 17, 2015, the injured worker complains of his sleep being much worse due to his pain since being without his pain medication. He has pain of the entire spine and takes his pain medication at bedtime to help with pain. His pain level is rated: average = 7/10, with medications = 3/10, and without medications = 7/10. He is working full time. The treating physician notes that this serves as the subjective/objective trial to see if the medication is needed and effective, with the answer being yes it is. The requested treatment is a cervical spine x-ray with 4 views.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray (4 views) of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174.

Decision rationale: The ACOEM chapter on neck and upper back complaints and special diagnostic studies states: 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; The provided progress notes fails to show any documentation of indications for imaging studies of the neck as outlined above per the ACOEM. There was no emergence of red flag. The neck pain was characterized as unchanged. The physical exam noted no evidence of new tissue insult or neurologic dysfunction. There is no planned invasive procedure. Therefore, criteria have not been met for an imaging of the neck and the request is not medically necessary.