

Case Number:	CM15-0099535		
Date Assigned:	06/02/2015	Date of Injury:	03/13/2015
Decision Date:	07/03/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/22/2015

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: Texas, 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 32-year-old male, who sustained an industrial injury on 3/13/2015, while employed as a dry wall hanger. He reported a fall from a four-foot ladder, injuring his neck, low back, bilateral shoulders, and bilateral knees. He reported that a drywall panel fell onto his head and he felt dizzy and nauseous. The injured worker was diagnosed as having cervical and lumbar strains and bilateral shoulder impingement syndrome. Treatment to date has included diagnostics, modified work restrictions (not honored), physical therapy, and medications. Computerized tomography of the chest, abdomen/pelvis, cervical spine, head, thoracic spine, and lumbar spine was documented as completed at the initial time of injury. He also underwent x-rays of his right knee. Currently (4/09/2015), the injured worker complains of daily and continuous pain to his posterior neck, radiating into the mid scapular region. He reported aching pain, burning sensation, stiffness, and pins and needles sensation. He had limited range of motion, increased pain when lying down, and occasional popping with certain movements. Relief was noted with medications and activity modification. Pain was rated 7/10 at rest, which increased to 9/10. He also reported pain in his low back, extending to his hips and buttocks, and radiated down both legs, and bilateral knee pain. His bilateral shoulder pain was rated 7/10, worse in his right shoulder. His shoulder pain radiated across his upper back above the shoulder blades and he reported burning and pins and needles sensation, limited range of motion, and popping with most movements. Current medications included Cyclobenzaprine, Naproxen, and unspecified medication for high blood pressure. He was currently not working and had difficulty with activities of daily living. Exam of the cervical spine noted mild tenderness over the cervical paraspinal musculature and spasm over the left trapezius, over the superior scapular border. Decreased sensation was noted over the left C6, C7, and C8 dermatome distribution. Motor strength was 5/5 and reflexes were 1+. Exam of the shoulders noted tenderness to palpation over the acromioclavicular joints bilaterally, as well as over the

bilateral anterior and posterior shoulders, and right proximal clavicle. Positive impingement sign was noted bilaterally and strength was 5+ bilaterally. The treatment plan included diagnostics, including an x-ray of the cervical spine, medications, and physiotherapy. Any diagnostic imaging report was not specified in the records provided.

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: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back (updated 05/12/15) Radiography (x-rays).

Decision rationale: X-ray of the cervical spine Per the ACOEM chapter 8 guidelines cited below "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. "The injured worker is a 32-year-old male, who sustained an industrial injury on 3/13/2015, while employed as a drywall hanger. He reported a fall from a four-foot ladder, injuring his neck, low back, bilateral shoulders, and bilateral knees. He reported that a drywall panel fell onto his head and he felt dizzy and nauseous. The injured worker was diagnosed as having cervical and lumbar strains and bilateral shoulder impingement syndrome. Currently (4/09/2015), the injured worker complains of daily and continuous pain to his posterior neck, radiating into the mid scapular region. He reported aching pain, burning sensation, stiffness, and pins and needles sensation. He had limited range of motion, increased pain when lying down, and occasional popping with certain movements. Pain was rated 7/10 at rest, which increased to 9/10. He was currently not working and had difficulty with activities of daily living. Exam of the cervical spine noted mild tenderness over the cervical paraspinal musculature and spasm over the left trapezius, over the superior scapular border. Decreased sensation was noted over the left C6, C7, and C8 dermatome distribution. Patient has received an unspecified number of PT visits for this injury. Cervical spine X-ray was requested to aid in patient management. The request for the X-ray of the cervical spine is medically necessary and appropriate for this patient at this time.