

Case Number:	CM15-0022916		
Date Assigned:	02/12/2015	Date of Injury:	12/11/2013
Decision Date:	10/13/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	02/06/2015

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 40 year old male with an industrial injury dated 12-11-2013. A review of the medical records indicates that the injured worker is undergoing treatment for left knee sprain and strain, tendonitis rule out ligament and cartilage tears and rule out derangement; right shoulder sprain and strain, tendonitis rule out rotator cuff tear; cervical spine sprain and strain with radiculopathy, rule out disc bulges; and chest contusion. Treatment consisted of spinal manipulation and physiotherapy. In a progress note dated 11-10-2014, the injured worker reported constant severe pain in the left knee, right shoulder, neck and chest. Objective findings (11-10-2014) revealed moderate to severe palpable tenderness and decreased cervical range of motion. According to the progress report dated 12-10-2014, the injured worker reported ongoing left knee pain, slight improvement of right shoulder pain, slight decrease of neck pain and improving chest pain. The injured worker described neck pain as frequent, moderate to severe, radiating pain with stiffness. Cervical spine exam revealed moderate to severe palpable tenderness and slightly improved cervical range of motion. The treating physician prescribed services for x-ray of the cervical spine, now under review. Utilization Review determination on 01-12-2015, non-certified the request for x-ray of the cervical spine.

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: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

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 imaging of the neck and the request is not medically necessary.