

Case Number:	CM13-0013677		
Date Assigned:	07/11/2014	Date of Injury:	04/17/2013
Decision Date:	08/19/2014	UR Denial Date:	07/15/2013
Priority:	Standard	Application Received:	08/19/2013

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. The expert reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 52 year old female who was injured on 4/17/2013, when while bending over to pick up a box, she was hit by a compressor machine door, on left side of her head, left shoulder and left hip. The 2/14/2014 Agreed Medical Examination provided the diagnoses cervical sprain/strain, left shoulder impingement with tendinosis, and lumbar sprain/strain. Prior diagnostic imaging studies x-rays on the date of injury, and cervical MRI, left shoulder MRI and lumbar MRI on 7/18/2013, and 7/26/2013 EMG/NCV studies which indicated mild bilateral CTS and normal studies of the lumbar and bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray lumbar and/or sacral vertebrae (vertebra NOC trunk): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Radiography (x-rays).

Decision rationale: According to the CA MTUS/ACOEM and Official Disability Guidelines, routine x-rays are not recommended in the absence of red flags. Lumbar spine radiography

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 6 weeks. In the case of this patient, she had already undergone x-rays on the date of the injury, and subsequently had MRI with flexion and extension of the lumbar spine/sacrum on 7/18/2013. The medical records do not reveal any indication of significant pathology. The indications for lumbar radiographs are not present. She has not sustained any recent injury and the medical records do not provide a rationale for radiographs. The medical necessity of this request is not established.

X-Ray left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208.

Decision rationale: According to the guidelines, radiography of the shoulder should be reserved for cases of acute trauma. This patient is more than 1 year post date of injury. In addition, she had undergone imaging studies on the date of injury, as well as had an MRI of the left shoulder in July 2018. There is no evidence of recent or acute injury. The purpose of obtaining radiographs of the shoulder is not evident. The medical necessity of radiograph of the left shoulder has not been established by the medical records.