

Case Number:	CM13-0052531		
Date Assigned:	12/27/2013	Date of Injury:	11/29/2012
Decision Date:	06/12/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	11/15/2013

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 Physical Medicine and Rehabilitation 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 injured worker is a 37-year-old male who reported an injury on 11/29/2012. The mechanism of injury was not specifically stated. The injured worker is currently diagnosed with cervical disc disease with myelopathy, sacroiliac sprain, and lumbar disc disease with myelopathy. The latest Physician's Progress Report submitted for this review is documented on 10/17/2013. The injured worker reported moderate pain. The injured worker was participating in a home exercise program. The injured worker also reported improvement with chiropractic manipulation. Current medications include Tylenol No. 3 and naproxen 550 mg. Physical examination revealed limited range of motion with decreased sensation in the right lateral forearm. Treatment recommendations at that time included additional chiropractic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-RAYS CERVICAL SPINE, STANDING QTY 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: The California MTUS/ACOEM Practice Guidelines state for most patients presenting with true neck and upper back problems, special studies are not needed unless a 3 to 4 week period of conservative care and observation fails to improve symptoms. Criteria for ordering imaging studies includes the emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program, or for clarification of the anatomy prior to an invasive procedure. There was no Physician's Progress Report submitted on the requesting date. Therefore, there is no evidence of the emergence of any red flags for serious spinal pathology. There is also no mention of exhaustion of conservative treatment. Based on the clinical information received, the request is not medically necessary.

X-RAYS THORACIC SPINE, STANDING QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 303-305.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state 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 6 weeks. There was no Physician's Progress Report submitted on the requesting date. There is no mention of persistent pain in the thoracic spine or lumbar spine. There is also no mention of an exhaustion of conservative treatment. Based on the clinical information received and California MTUS/ACOEM Practice Guidelines, the request is not medically necessary.

X-RAYS LUMBAR SPINE, STANDING QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 303-305.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state 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 6 weeks. There was no Physician's Progress Report submitted on the requesting date. There is no mention of persistent pain in the thoracic spine or lumbar spine. There is also no mention of an exhaustion of conservative treatment. Based on the clinical information received and California MTUS/ACOEM Practice Guidelines, the request is not medically necessary.

X-RAYS, SHOULDER QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 207-209.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state for most patients presenting with shoulder problems, special studies are not needed unless a 4 to 6 week period of conservative care and observation fails to improve symptoms. There is no documentation of a significant musculoskeletal or neurological deficit with regard to the bilateral shoulders. There was no Physician's Progress Report submitted on the requesting date. There is also no mention of an attempt at conservative treatment for the bilateral shoulders. Based on the clinical information received, the request is not medically necessary.