MAXIMUS Federal Services

Case Number:	CM13-0056541		
Date Assigned:	03/03/2014	Date of Injury:	06/22/2012
Decision Date:	05/08/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	11/22/2013

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 Preventive Medicine 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:

According to the records made available for review, this is a 49-year-old male with a 6/22/12 date of injury. At the time (11/8/13) of the decision for x-rays of the cervical/thoracic spine, and the arm; and professional x-ray interpretation, there is documentation of subjective (constant neck pain, right shoulder pain, right elbow pain, right wrist pain, and thoracic pain) and objective (decreased cervical spine ROM, tenderness to palpation of the paraspinal musculature, evidence of atrophy on the right shoulder, impingement test positive on the right, and tenderness to palpation of the extensor attachment at the right lateral epicondyle) findings, current diagnoses (chronic neck pain, rule out herniated disc, right shoulder impingement, and right elbow lateral epicondylitis), and treatment to date (medication). There is no documentation of emergence of red flag, physiological evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, or clarification of anatomy prior to an invasive procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-rays of the cervical/thoracic spine, and the arm: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: MTUS reference to ACOEM guidelines identifies documentation of emergence of red flag, physiological evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, or clarification of anatomy prior to an invasive procedure, as criteria necessary to support the medical necessity of cervical spine x-rays. Within the medical information available for review, there is documentation of diagnoses of chronic neck pain, rule out herniated disc, right shoulder impingement, and right elbow lateral epicondylitis. However, there is no documentation of emergence of red flag, physiological evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, or clarification of anatomy prior to an invasive procedure. Furthermore, the specific body part to be addressed, by the requested x-ray of the arm, is unknown. Therefore, based on guidelines and a review of the evidence, the request for x-rays of the cervical/thoracic spine and the arm is not medically necessary.

Professional x-ray interpretation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: MTUS reference to ACOEM guidelines identifies documentation of emergence of red flag, physiological evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, or clarification of anatomy prior to an invasive procedure, as criteria necessary to support the medical necessity of cervical spine x-rays. Within the medical information available for review, there is documentation of diagnoses of chronic neck pain, rule out herniated disc, right shoulder impingement, and right elbow lateral epicondylitis. However, there is no documentation of emergence of red flag, physiological evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, or clarification of anatomy prior to an invasive procedure. Furthermore, the specific body part to be addressed, by the requested x-ray of the arm, is unknown. Therefore, based on guidelines and a review of the evidence, the request for professional x-ray interpretation is not medically necessary.