

Case Number:	CM13-0064136		
Date Assigned:	01/03/2014	Date of Injury:	09/28/2012
Decision Date:	04/15/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/11/2013

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, has a subspecialty in Sports Medicine and is licensed to practice in Texas. 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 39-year-old female who reported an injury on 09/28/2012 due to a slip and fall that reportedly caused injury to her low back and left shoulder. The patient's treatment history included multiple medications and physical therapy. The patient's most recent clinical documentation noted that the patient had continued shoulder pain rated at a 6/10 to 8/10 and back pain rated at a 6/10 to 8/10. Physical findings included moderate deltoid tenderness to palpation to the right shoulder and tenderness to palpation of the trapezius, deltoid, and rhomboid musculature of the left shoulder, with tenderness to palpation along the paraspinous musculature from the L4-5 level with a negative straight leg raising test. The patient's diagnoses included shoulder pain, back pain of the lumbar spine, back pain of the upper back, and situational anxiety. The patient's treatment plan included continuation of medications and physical therapy. A request was made for x-rays of the cervical, lumbar spine, and left shoulder.

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: 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): 181-183.

Decision rationale: The requested x-ray of the cervical spine is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine does not recommend the routine use of x-rays in the absence of red flag conditions, acute trauma with neurological deficits. The clinical documentation submitted for review does not provide any evidence that the patient has any neurological deficits or red flags that would support the need for an x-ray of the cervical spine. As such, the requested x-ray of the cervical spine is not medically necessary or appropriate.

X-RAY OF THE LUMBAR SPINE: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

Decision rationale: The requested x-ray of the lumbar spine is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine does not recommend the routine use of x-rays for the lumbar spine in the absence of red flag conditions or the suspicion of a fracture. The clinical documentation submitted for review does not provide any evidence that the patient is suspected of having a fracture of the lumbar vertebrae. Additionally, there is no documentation of red flag conditions that would benefit from an x-ray of the lumbar spine. As such, the requested x-ray of the lumbar spine is not medically necessary or appropriate.

X-RAY OF THE LEFT SHOULDER: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212-214.

Decision rationale: The requested x-ray of the left shoulder is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine does not recommend the routine use of x-rays in the absence of instability or suspicion of separation. The clinical documentation submitted for review does not provide any evidence that the patient has instability of the left shoulder joint or that there is any evidence of separation of the left shoulder. Therefore, the x-ray of the left shoulder is not medically necessary or appropriate.