

<b>Case Number:</b>	CM13-0064431		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	09/19/2013
<b>Decision Date:</b>	08/01/2014	<b>UR Denial Date:</b>	12/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Internal and Emergency Medicine and is licensed to practice in Florida. 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:

This patient is a 52 year-old with a date of injury of 09/19/13. Limited records were available with the most recent progress dated 09/25/13. It described subjective complaints of neck pain and low back pain radiating into the legs. Objective findings included tenderness to palpation of the cervical and lumbar spines with decreased range-of-motion. Motor function was mildly decreased in the lower extremities. Diagnoses included lumbar strain with radiculitis; lumbar disc disease; and cervical strain. There is no mention of the knee or shoulder. Treatment was not described, but chiropractic therapy was requested. A Utilization Review determination was rendered on 12/03/13 recommending non-certification of "3 View series of lumbar spine; 3 View series of the left knee; and 3 View series of the left shoulder".

### IMR ISSUES, DECISIONS AND RATIONALES

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

**3 View series of lumbar spine:** Overturned

**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): 303,309.

**Decision rationale:** The Medical Treatment Utilization Schedule (MTUS) Guidelines state lumbar spine x-rays may be appropriate if the physician believes that it would aid in patient management. In this case, the patient's pain had persisted and no prior x-rays were documented. Likewise, neurological signs and symptoms were present. Therefore, there is documented medical necessity for an x-ray of the lumbar spine.

**3 View series of the left knee:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
Page(s): 343,347.

**Decision rationale:** The Medical Treatment Utilization Schedule (MTUS) states that routine knee radiographs for most knee complaints or injuries are not recommended. In the absence of red-flags, plain x-rays of the knee "... carry a significant risk of diagnostic confusion...". When necessary, MRI is superior to x-rays of the knee. Therefore, the medical record does not document the medical necessity for the x-rays of the knee.

**3 View series 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): 207-209.

**Decision rationale:** The Medical Treatment Utilization Schedule (MTUS) states that routine shoulder radiographs for early shoulder symptoms are not recommended. Absent red-flag symptoms, imaging studies should be reserved for clarification of anatomy prior to a procedure and failure to progress in a strengthening program. Likewise, MRI is preferred to plain x-rays. The non-certification was based upon lack of documentation of the indication for the x-rays. Therefore, the medical record does not document the medical necessity for the x-rays of the shoulder.