

Case Number:	CM14-0108877		
Date Assigned:	08/01/2014	Date of Injury:	05/21/2009
Decision Date:	10/20/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/14/2014

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 Preventative Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 61 year old employee with date of injury of 5/21/2009. Medical records indicate the patient is undergoing treatment for cervical spine strain; lumbar spine multilevel discopathy; lower extremity radiculitis; varicose vein bilateral lower extremities. He is s/p hemiarthoplasty of left shoulder (7/8/2010). Subjective complaints include left shoulder pain, rotator cuff pain, and low back pain. He describes the pain as aching, stabbing and does not change with a cough or sneeze. Pain awakens him during the night. The pain is also in his elbow and neck. He has weakness and grinding of the left shoulder. He cannot keep his hands over his head for a long period of time. He also complains of regular knee pain secondary to several episodes of his left leg giving way, which is due to radiculopathy, numbness and weakness. Objective findings include mild tenderness to palpation over the cervical paraspinal and trapezius muscle. The back and lower extremities demonstrate both positive sitting and supine straight leg raise 90 degrees bilaterally. He can sit and stand without difficulty and does not use an assistive device. Sensation to light touch and pinprick is decreased along L5 distribution in lower extremities, bilaterally. MRI (9/23/2013) reveals at 2mm disc bulge at L3-4, moderate to severe facet arthropathy and narrowing on the left, a 4-5mm bulge at L4-5 and a 4-5mm disc protrusion at L5-S1 with associated annular fissure and moderate facet arthropathy. Treatment has consisted of lumbar facet injections, rest, heat, PT with deep tissue massage, H-wave, work hardening treatment program, home exercise program, Rulox, Norco, Hydrocodone and Acetaminophen. The utilization review determination was rendered on 6/23/2014 recommending non-certification of a Chest X-ray.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chest X-ray: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation A.D.A.M. Medical Encyclopedia, last reviewed 09/01/2012

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation uptodate.com/contents/evaluation-of-diffuse-lung-disease-byconventionalchestradiography.nlm.nih.gov/medlineplus/ency/article.
<http://www.nlm.nih.gov/medlineplus/ency/article/003804.htm>

Decision rationale: MTUS and ODG are silent for the ordering of a chest x ray. Up to Date states "Chest Radiography -- In addition to a thorough history and physical examination, a chest radiograph should be obtained.....A definitive diagnosis is rarely made on the radiographic findings alone." In addition Medline plus indicates that a CXR may be ordered for a persistent cough, Chest injury, Chest pain, Coughing up blood, lung cancer, tuberculosis, lung disease and Difficulty breathing. The treating physician has not provided medical documentation to justify a chest x-ray at this time. As such, the request for a CXR is not medically necessary.