

Case Number:	CM14-0013439		
Date Assigned:	02/26/2014	Date of Injury:	04/03/2008
Decision Date:	07/29/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/03/2014

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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Tennessee. 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 56-year-old female who has submitted a claim for right shoulder sprain, cervical sprain, thoracic sprain, lumbar sprain, lumbar disc bulges, cervical disc bulges, anxiety, insomnia, and right shoulder partial rotator cuff surgery. associated with an industrial injury date of 04/03/2008. Medical records from 2012 to 2014 were reviewed and showed that patient complained of neck and low back pain, graded 6/10. Patient claims that medication allow her to be functional and active in ADLs. Physical examination showed tenderness over the cervical spine, thoracolumbar spine, right hand, and right shoulder. Range of motion of the cervical spine was limited. Cervical compression test was positive. DTRs were decreased in the bilateral lower extremities. Decreased sensation was noted on the right lower extremity below the knee area. Treatment to date has included medications, physical therapy, acupuncture, and right subscapularis coracoplasty (2010). Utilization review, dated 01/27/2014, denied the request for chest x-ray because guidelines do not specifically address follow-up imaging of abnormalities on detailed studies such as MRI with less detailed studies such as regular x-rays.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-RAY OF CHEST: 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) Pulmonary Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pulmonary Chapter.

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that Chest X-Rays are recommended if acute cardiopulmonary findings by history/physical, or chronic cardiopulmonary disease in the elderly (> 65). Routine chest radiographs are not recommended in asymptomatic patients with unremarkable history and physical. In this case, the patient complains of neck and back pain despite medications, physical therapy, and previous surgery. However, history and physical examination do not show significant chest findings. There is no discussion regarding the indication for the requested imaging study. Therefore, the request for X-RAY OF CHEST is not medically necessary.