

Case Number:	CM14-0110464		
Date Assigned:	08/01/2014	Date of Injury:	02/17/2010
Decision Date:	09/03/2014	UR Denial Date:	06/18/2014
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 Emergency Medicine and is licensed to practice in New York. 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 41-year-old male who was injured on February 17, 2010. The patient continued to experience pain in his neck, bilateral shoulders, and low back. The physical examination was notable for tenderness to cervical and lumbar paraspinal muscles, positive straight leg raise test, and tenderness of the posterior aspect of the left shoulder. X-rays of the cervical, thoracic, and lumbar spine were performed on June 13, 2014. Diagnoses included cervical spine herniated nucleus pulposus, status post left shoulder surgery, right shoulder sprain/strain, and lumbar spine herniated nucleus pulposus. The treatment included medications, surgery, physical therapy, and chiropractic therapy. Request for authorization for x-rays thoracic spine was submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-rays- Thoracic Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back- Lumbar and Thoracic.

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

Decision rationale: The criteria for ordering imaging studies are emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. In this case there is no documentation that the patient is experiencing any of these criteria. There is no neurologic dysfunction, no invasive procedure anticipated, and no red flags. The request is not medically necessary.