

Case Number:	CM14-0117413		
Date Assigned:	08/04/2014	Date of Injury:	04/23/2014
Decision Date:	10/03/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/24/2014

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 Family Medicine and is licensed to practice in California. 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 36-year-old male who has submitted a claim for headaches, thoracic spine strain/sprain, lumbar spine sprain/strain, right shoulder sprain/strain, left shoulder sprain/strain, left elbow sprain/strain, right knee sprain/strain, chest pain, jaw sprain and psych components associated with an industrial injury date of April 23, 2014. Medical records were reviewed, which showed that the patient complained of constant moderate headaches, jaw pain, bilateral ear pain, chest pain, bilateral shoulder pain, left elbow pain, constant moderate upper back pain, moderate lower back pain and moderate right knee pain. Examination revealed tenderness at the chest and bilateral shoulders. There was also tenderness and spasm at the thoracolumbar spine. Treatment to date has included medications, chiropractic therapy and physical therapy. Utilization review from July 24, 2014 denied the request for X-ray: Chest because there are no indications of pulmonary findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray: Chest: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299, 303, Chronic Pain Treatment Guidelines Page(s): 58-59. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 12th Edition (Web), 2014, Pulmonary, X-rays

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Chest X-ray

Decision rationale: The CA MTUS does not specifically 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 recommends chest X-Ray with 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 rationale for the request for X-ray of the Chest was not clear. Documents reviewed did not show that the patient has a history of cardiovascular disease nor the patient has symptoms such as dyspnea or easy fatigability. The clinical impressions in the progress notes do not consider a rib fracture as well. Therefore, the request for X-ray of the Chest is not medically necessary.