

Case Number:	CM14-0173823		
Date Assigned:	10/27/2014	Date of Injury:	12/18/2007
Decision Date:	12/03/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/21/2014

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 Physical Medicine and Rehabilitation 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:

This is a 44 year-old female who reported an injury on 12/18/2007. The mechanism of injury was a puncture wound to the hand scaling down a 6 foot wall. The diagnoses included causalgia of upper limb, lateral epicondylitis, and shoulder pain. The previous treatments included 7 surgeries, medication, physical therapy, acupuncture, brace, and spinal cord stimulator implant. Within the clinical note dated 09/12/2014, it was reported the injured worker complained of right upper extremity pain. The injured worker complained of increased pain since the previous visit. She complained of chronic progressive pain in her right hand. The injured worker reported the pain is associated with numbness, tingling, weakness to the right arm and hand. She rated her pain 5/10 in severity. She described the pain as sharp, cutting, throbbing, dull, aching, pressure like, cramping, shooting. On the physical examination, the provider noted the cervical spine had no cervical lordosis, no limitations in range of motion. The right shoulder revealed no swelling or deformity. The range of motion was restricted with flexion at 170 degrees, and abduction to 170 degrees. The injured worker had a positive Hawkins and Neer's test. There was tenderness to palpation of the subdeltoid bursa. The provider requested cervical and thoracic x-rays to verify spinal cord stimulator placement. The request for authorization was not submitted for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray Cervical Spine to include AP and Lateral views: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

Decision rationale: The request for an x-ray of the cervical spine to include AP and lateral views is not medically necessary. The California MTUS/ACOEM Guidelines note radiographs are recommended for initial studies when red flag fracture or neurologic deficits associated with acute trauma, tumor or infection are present. Routine use in the first 4 to 6 weeks if red flags are absent is not recommended. There is lack of documentation indicating the injured worker to have red flag diagnosis for fracture or neurological deficits associated with acute trauma, tumor or infection warranting the medical necessity for the request. Therefore, the request is not medically necessary.

X-ray Thoracic Spine to include AP and Lateral views: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

Decision rationale: The request for x-ray of the thoracic spine to include AP and lateral views is not medically necessary. The California MTUS/ACOEM Guidelines note x-rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least 6 weeks. However, it may be appropriate when the physician believes it would aid in patient management. There is lack of clinical documentation indicating the injured worker to have red flags for a fracture or infection or cancer or for infection being present warranting the medical necessity for the request. Therefore, the request is not medically necessary.