

Case Number:	CM14-0178473		
Date Assigned:	10/31/2014	Date of Injury:	12/02/1992
Decision Date:	12/08/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/28/2014

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 Internal Medicine, has a subspecialty in Nephrology 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 59-year-old female with a 12/2/92 date of injury. She injured her lumbosacral spine when she was moving tables. According to a consultation report dated 8/25/14, the patient stated she was feeling "lousy". She complained of fibromyalgia, chronic fatigue, headaches, and weight gain of 25 pounds. Objective findings: electrocardiogram showed normal sinus rhythm and no acute changes, no abnormal findings. Diagnostic impression: chronic pain syndrome, hypothyroidism, labile hypertension. Treatment to date: medication management, activity modification, multiple low back surgeries, psychiatry. A UR decision dated 10/3/14 denied the request for 1 chest x-ray 2 views, frontal and lateral. According to the submitted medical report, the patient did not have any acute cardiopulmonary findings, is not older than 65 with a chronic cardiopulmonary disease, and did not have any symptoms of chest pain or cough.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray 2 vw frontal and lateral: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (pain chronic)

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 - X-Ray

Decision rationale: The CA MTUS does not address this issue. The 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. However, in the records provided for review, there is no documentation that the patient has any symptoms or findings suggestive of cardiopulmonary disease. There is no documentation that the patient has symptoms such as shortness of breath, a bad or persistent cough, chest pain, or injury and fever. In addition, the patient is not elderly. Therefore, the request for X-ray 2 vw frontal and lateral was not medically necessary.