

<b>Case Number:</b>	CM14-0023022		
<b>Date Assigned:</b>	05/14/2014	<b>Date of Injury:</b>	10/26/2010
<b>Decision Date:</b>	07/10/2014	<b>UR Denial Date:</b>	01/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2014

### 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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for bilateral shoulder and hand pain reportedly associated with an industrial injury of October 26, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; adjuvant medications; and unspecified amounts of physical therapy over the life of the claim. In a Utilization Review Report dated January 24, 2014, the claims administrator approved an EKG while denying a chest x-ray. It was stated that the applicant was apparently planning a C5-C6 and C6-C7 cervical discectomy and fusion. Overall rationale for the denial was sparse. The claims administrator did not incorporate cited guidelines into its rationale. The chest x-ray in question was apparently performed on January 31, 2014 and was notable for a clear chest with mild upper thoracic scoliosis. In an admission history and physical on February 5, 2014, the applicant was described as having a past medical history significant for diabetes. The applicant was described as standing 5 feet tall and weighing 133 pounds. The applicant's blood pressure was incidentally described as elevated at 142/88. The applicant was status post an exploratory abdominal laparoscopy and earlier shoulder rotator cuff repair surgery. The applicant ultimately underwent the multilevel fusion surgery in question on February 5, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CHEST X-RAY:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Medscape, Preoperative Testing article.

**Decision rationale:** The Medscape Preoperative Testing article, state that preoperative chest x-ray testing is recommended only for applicants older than 60 to 70 years or those applicants in whom underlying heart or lung disease is a possibility. In this case, the applicant was 52 years old, a diabetic, and did have an elevated blood pressure of 142/88 appreciated on a February 5, 2014 preoperative evaluation. Given the applicant's seeming issues with hypertension and diabetes, preoperative chest x-ray testing to ensure the absence of heart disease was indicated and appropriate. Therefore, the request for chest x-ray is medically necessary and appropriate.