

Case Number:	CM14-0031495		
Date Assigned:	06/04/2014	Date of Injury:	01/07/2012
Decision Date:	07/11/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	03/13/2014

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, has a subspecialty in Sports Medicine, and is licensed to practice in Texas. 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 injured worker is a 49-year-old with a reported date of injury on January 7, 2012. The mechanism of injury was not provided within the documentation available for review. The injured worker presented with complaints of low back pain, radiating to the right thigh. In addition, the injured worker complained of constant neck pain with stiffness and occasional radiation to the right wrist. The injury reportedly occurred when the worker slipped and fell on a wet floor. The MRI dated April 9, 2014 revealed 3.6 mm left paracentral disc bulge at the L4-5, loss of a normal lumbar lordosis, the rest of the levels are within normal limits with widely patent neural foraminal and no disc bulge, protrusion or extrusion and no evidence of nerve root compression. Upon physical examination, the injured worker's right shoulder range of motion revealed flexion to 135 degrees and extension to 38 degrees. According to the Functional Capacity Exam, the injured worker was able to lift 25 pounds at waist level, 19 pounds at shoulder height, 18 pounds at knee height, and 25 pounds at floor height. The injured worker reported his average pain as a 5/10. Upon physical exam, the injured worker's cervical range of motion revealed flexion to 38 degrees, extension to 30 degrees, cervical lateral to 18 degrees, and right lateral to 30 degrees. Lumbar range of motion revealed flexion to 45 degrees, extension to 20 degrees, left lateral bending to 12 degrees, and right lateral bending to 9 degrees. The injured worker's right shoulder range of motion was revealed at flexion to 135 degrees and extension to 38 degrees. Request for authorization, x-rays of the cervical spine 7V, x-rays of lumbar spine 7V, x-rays of right acromio-clavicular (A-C) joint 7V, decisions for x-rays to the right elbow 3W, and x-rays of shoulder series 3V were submitted on May 23, 2014. The rationale for the request was not provided within the clinical information provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-RAYS OF CERVICAL SPINE 7 VIEW: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Radiography (x-rays).

Decision rationale: The Official Disability Guidelines state that radiography is not recommended except as indicated. Injured workers who are alert, have never lost consciousness, are not under the influence of alcohol and/or drugs, have no distracting injuries, have no cervical tenderness, and have no neurologic findings, do not need imaging. The criteria for cervical x-ray would include cervical spine trauma. The clinical information provided for review lacks documentation of cervical trauma. The injured worker was able to complete a Functional Capacity Exam dated April 11, 2014, there was a lack of documentation related to acute pain or injury. The documentation did not provide the rationale for the cervical x-ray. The request for X-Rays of the cervical spine, seven views, is not medically necessary or appropriate.

X-RAYS OF LUMBAR SPINE 7 VIEW: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Radiography (x-rays).

Decision rationale: The Official Disability Guidelines do not recommend routine x-rays in the absence of red flags. Lumbar spine radiography should not be recommended in injured workers with low back pain, absent of red flags for serious pathology. However, some providers feel it may be appropriate when the physician believes it would aid in patient expectations in management. There is a reassurance of a lessened fear avoidance regarding return to normal activities and exercise, but this has not been proven. Criteria for imaging would include thoracic or lumbar spine trauma, with neurological deficit or myelopathy with sudden onset. There was a lack of documentation related to the injured worker's sudden onset or change in physical findings. The injured worker was able to complete a Functional Capacity Evaluation on April 11, 2014, without documentation of severe pain. Rationale for the request was not provided with in the documentation available for review. The request for X-Rays of the lumbar spine, seven views, is not medically necessary or appropriate.

X-RAYS OF RIGHT ACROMIO-CLAVICULAR (A-C) JOINT 7 VIEW: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Radiography.

Decision rationale: The Official Disability Guidelines state radiography for the shoulder is recommended if there was acute shoulder trauma or to rule out fracture or dislocation. Imaging radiographs of the acromioclavicular joint can be difficult to interpret because osteoarthritis of this joint is common by the age of 40 to 50 years. The preferred image modality for patient with suspected rotator cuff disorders is MRI. According to the clinical documentation provided for review, the injured worker was able to complete a Functional Capacity Exam on April 11, 2013. There is a lack of documentation related to acute pain. Rationale for the x-ray of the acromioclavicular joint was not provided within the documentation available for review. The request for X-Rays of the right A-C joint, seven views, is not medically necessary or appropriate.

X-RAYS TO THE RIGHT ELBOW 3 VIEW: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow, Radiography (x-rays).

Decision rationale: According to the Official Disability Guidelines, radiography is recommended for the elbow as indicated. Radiographs are required before other imaging studies and may be diagnostic for osteochondral fracture, osteochondritis dissecans, and osteocartilaginous intra-articular body. Those patients with normal extension, flexion and supination do not require emergent elbow radiographs. According to the clinical information provided for review, the injured worker was able to complete a Functional Capacity Exam on April 11, 2014. There was a lack of documentation related to acute pain or change in physical status. The rationale for the request for the right elbow x-ray was not provided within the documentation available for review. The request for X-Rays of the right elbow, three views, is not medically necessary or appropriate.

X-RAYS OF SHOULDER SERIES 3 VIEW: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Radiography.

Decision rationale: The Official Disability Guidelines state radiography for the shoulder is recommended if there was acute shoulder trauma or to rule out fracture or dislocation. Imaging radiographs of the acromioclavicular joint can be difficult to interpret because osteoarthritis of this joint is common by the age of 40 to 50 years. The preferred image modality for patient with suspected rotator cuff disorders is MRI. According to the clinical documentation provided for review, the injured worker was able to complete a Functional Capacity Exam on April 11, 2014. There is a lack of documentation related to acute pain. The rationale for the request was not provided within the documentation available for review. The request for X-Rays of the shoulder series, three views, is not medically necessary or appropriate.