

Case Number:	CM14-0117415		
Date Assigned:	08/04/2014	Date of Injury:	04/23/2014
Decision Date:	03/03/2015	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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 37-year-old male with a date of injury on 04/23/2014. Medical records from 04/24/2014 noted that the injured worker fell off a roof ten feet high and flipped over to the ground subsequently injuring his chin, left lower and upper arm, right shoulder, and lower back. Documentation from 04/24/2014 indicated the diagnoses of lumbar and thoracic sprain/strain; leg and knee sprain/strain; face, scalp, or neck contusion; chest, thoracic, wrist, forearm, and knee contusions, and complicated jaw. Subjective findings from treating chiropractor on 06/05/2014 was remarkable for antalgic gait/limp; constant, moderate headaches associated with neck pain; constant and moderate pain to the thoracic and lumbar spine with associated symptoms of muscle spasms, tightness and at times stabbing pain to the thoracic region along with stiffness to the lumbar spine; constant and moderate pain described as aching, sore, and shooting to the bilateral shoulders; constant pain to the left elbow; constant and moderate pain to the left knee with tenderness; chest pain that worsens with exertion; jaw pain that increases with chewing; bilateral ear pain; loss of sleep secondary to pain; and depression. Physical examination from the same date was remarkable for tenderness to the thoracic paravertebral muscles, lumbar paravertebral muscles, right shoulder, left shoulder, left elbow, anterior chest wall, and temporomandibular joint. The treating chiropractor also noted pain with straight leg raise, pain with Kemp's test, pain with Yoeman's test to the lumbar spine, pain with Yergason's test to the bilateral shoulders, pain with Cozen's and Mill's tests to the left elbow, and pain with McMurray's test along with crepitus with range of motion to the right knee. Documentation from 04/24/2014 noted x-ray studies performed to

the right knee, left wrist, and right wrist were noted to be normal on preliminary review, however the medical records provided did not indicate the date of these studies or final results of these studies. Documentation from 04/28/2014 also noted that all x-ray studies performed were negative, but did not indicate the specific studies that were performed. Examination from 05/07/2014 noted a preliminary report of normal left elbow on x-rays. Prior treatments offered to the injured worker included chiropractic therapy; use of durable medical equipment; request for ear, nose, and throat consultation; request for orthopedic consultation; and a medication history of Motrin, Norco, Nabumetone, Acetaminophen, and Hydrocodone Bitartate. Chiropractic progress note from 06/05/2014 indicated the injured worker to have pain with repetitive activities, lifting, bending, prolonged sitting, prolonged walking, driving, , twisting, reaching, pushing, pulling, overhead activities, weight bearing activities, use of stairs, exertion, and chewing. The medical records provided lacked documentation of effectiveness of chiropractic treatments with regards to functional improvement, improvement in work function, or in activities of daily living. The medical records provided also lacked documentation of effectiveness of medication regimen with regards to functional improvement, improvement in work function, or in activities of daily living. Physician documentation from 06/05/2014 noted that the injured worker was to remain off work. On 06/24/2014, Utilization Review non-certified the prescription for x-rays of the thoracic spine. The prescription for x-rays of the thoracic spine was noncertified based on California Medical Treatment Utilization Schedule (MTUS), ACOEM Guidelines with the Utilization Review noting that the medical records provided indicated previous multiple x-rays were performed on the injured worker but lacked documentation of previous x-ray reports, thereby noncertifying the request for x-rays of the thoracic spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-rays of the Thoracic Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179, 182. Decision based on Non-MTUS Citation American College of Radiology Appropriateness Criteria: Suspected Spine Trauma, Variant 9, 1999, Last Reviewed 2012

Decision rationale: X-rays are a form of electromagnetic radiation used to image the body. The image or radiograph can be used to detect acute and chronic changes to the bones and tissues of the area of the body being imaged. Plain thoracic radiographs are most appropriate for patients with acute onset of symptoms associated with midline vertebral tenderness especially when the provider is considering evaluation for fracture, a neurologic deficit associated with acute trauma, a tumor, or a suspected infection. It is also routinely used in the first 4-6 weeks after an acute injury or onset of non-traumatic symptoms when none of the above diagnoses are being considered or when the provider thinks it will aid in the management of the patient. In this patient's case, radiographs were taken at the time of the injury and did not show acute pathology although the actual reports were not available for review. Furthermore the provider did not indicate if and how repeat radiographs would affect or direct patient management unless, of

course, no prior thoracic imaging had been performed. There is no documentation that identified which radiographs were previously performed. Medical necessity for this procedure has not been established.