

<b>Case Number:</b>	CM14-0200422		
<b>Date Assigned:</b>	12/11/2014	<b>Date of Injury:</b>	11/06/2012
<b>Decision Date:</b>	01/27/2015	<b>UR Denial Date:</b>	11/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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 chronic shoulder and knee pain reportedly associated with an industrial injury of November 6, 2012. In a Utilization Review Report dated November 3, 2014, the claims administrator failed to approve a request for a three-view x-ray of the lumbar spine and likewise failed to approve a request for a two-view x-ray of the bilateral knees. The claims administrator referenced progress notes of April 21, 2014, June 6, 2014, and September 13, 2014 in its denial. Both MTUS and non-MTUS guidelines were invoked. Report rationale was sparse. The applicant's attorney subsequently appealed. In a work status report dated September 29, 2014, the applicant was seemingly placed off of work for a few days and then returned to regular duty work effective October 1, 2014. It was not clear whether the applicant was or was not working, however. In a supplemental medical-legal report dated September 22, 2014, the applicant reported ongoing complaints of shoulder, bilateral knee, neck, low back, elbow, wrist, and ankle pain. The medical-legal evaluator suggested (but did not clearly state) that the applicant was not working. On September 23, 2014, the applicant reported ongoing complaints of wrist and hand pain with associated triggering and locking. X-rays of the hand and wrist demonstrated the absence of degenerative changes. The applicant apparently exhibited synovitis and obvious triggering of several digits. The applicant reportedly carried a diagnosis of carpal tunnel syndrome of the right wrist with multiple trigger fingers. Physical therapy, bracing, and possible injection therapy were suggested. It was not clearly stated whether the applicant was or was not working at age 68. In a medical-legal evaluation dated June 8, 2014, the medical-legal evaluator noted that the applicant had ceased work on November 6, 2012 and had collected Workers' Compensation indemnity benefits since that point in time. The applicant maintained that she was not working elsewhere. X-rays of the lumbar spine were performed by the medical-legal

evaluator and was notable for spondylosis and spondylolisthesis at L5-S1 without evidence of a pars defect. Bone density was satisfactory. There was no evidence of an old fracture. X-rays of the knees demonstrated well-maintained joint compartments with no evidence of new or old fracture. Bone density was likewise described as satisfactory. On June 6, 2014, the applicant followed up with a pain physician and was given refills of Norco, Protonix, Flexeril, Relafen, Ambien, and a topical compounded lotion. The applicant was given diagnoses of cervical radiculopathy, left shoulder labral tear, bilateral carpal tunnel syndrome, lumbar radiculopathy, lumbar anterolisthesis, lumbar facet syndrome, knee pain, coronary artery disease, and Gastroesophageal reflux disease. On August 1, 2014, the applicant was given refills of Norco, Flexeril, Protonix, Relafen, and Ambien. The applicant scored her back pain at moderate to severe. Knee and shoulder pain were also evident but less significant. On September 15, 2014, the applicant was placed off of work, on total temporary disability, by her primary treating provider. X-rays of the lumbar spine and bilateral knees were sought. Multifocal complaints of shoulder, low back, and right knee pain complaints were also evident.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Three view x-ray of the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back complaints, Radiography (x-rays)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): TABLE 12-8, 309.

**Decision rationale:** As noted in the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309, the routine usage of radiographs of the lumbar spine in the absence of red flag signs, symptoms, and diagnoses is deemed "not recommended." Similarly, ACOEM Chapter 12, Table 12-8, further notes that the routine performance of oblique views of the lumbar spine, as is apparently being sought here, is likewise deemed "not recommended." In this case, the applicant's requesting provider did not clearly state how, why, and/or for what purpose the proposed x-rays of the lumbar spine were being sought. The requesting provider was seemingly unaware that the applicant had undergone earlier x-rays of the lumbar spine on a medical-legal evaluation of June 18, 2014, demonstrating stable spondylolisthesis and spondylosis without evidence of osteoporosis. The provider seeking the repeat x-rays of the lumbar spine, furthermore, was a chiropractor (DC), making it less likely that the applicant would act on the results of the proposed lumbar spine plain films and/or consider any kind of surgical intervention based on the outcome of the same. The requesting provider did not clearly state or outline how the proposed lumbar plain films would influence or alter the treatment plan. Therefore, the request is not medically necessary.

**Two view x-ray of the bilateral knees:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back complaints, Radiography (x-rays)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
Page(s): TABLE 13-6, 347.

**Decision rationale:** As noted in the MTUS Guideline in ACOEM Chapter 13, Table 13-6, page 347, routine radiographic films for most knee issues, injuries, or complaints is deemed "not recommended." In this case, it is further noted that the applicant underwent earlier plain film imaging of the knees a few months earlier, on June 18, 2014. Said plain film imaging of the knees was notable for well-preserved joint spaces without evidence of new or old fractures. Bone density was also satisfactory, it was noted on that date. The current treating provider did not clearly outline a rationale or compelling basis for pursuit of repeat knee x-rays some two months removed from the date the applicant underwent previous knee x-rays. It was not stated how (or if) the proposed knee x-rays would influence or alter the treatment plan. Therefore, the request is not medically necessary.