

<b>Case Number:</b>	CM14-0202419		
<b>Date Assigned:</b>	12/15/2014	<b>Date of Injury:</b>	07/06/1999
<b>Decision Date:</b>	03/03/2015	<b>UR Denial Date:</b>	11/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2014

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal 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:

This 73 year old male sustained a work related injury on 07/06/1999. According to a progress report dated 09/26/2014, the injured worker has had several falls with the front-wheeled walker. He was complaining of pain in the mid back that radiated to the front of his chest. Physical examination of the cervical spine revealed a well-healed incision, full range of motion, and tenderness to palpation in the paraspinal musculature as well as in the bilateral upper trapezius muscles. Spurling's test was negative. Examination of the bilateral shoulders revealed tenderness of the acromioclavicular joint. Neer's, Hawkin's and Obrien's tests were positive. There was decreased range of motion especially with overhead movements. Examination of the lumbar spine revealed well-healed incision. There was tenderness to palpation over the bilateral paraspinal musculature. There was tenderness to palpation over the bilateral sacroiliac joints. FABER and Patrick's tests were positive. Straight leg raise was positive at 20 degrees in the bilateral lower extremities. Diagnoses included cervical discopathy with disc displacement status post cervical fusion, bilateral carpal tunnel syndrome, and bilateral shoulder impingement syndrome, lumbar discopathy with disc displacement status post lumbar fusion, mood disorder and bilateral sacroiliac arthropathy. According to a progress report dated 11/29/2014, the injured worker continued to complain of pain in the mid back that radiated to the front of his ribcage. According to a progress report dated 09/26/2014 and 10/27/2014, a thoracic spine x-ray was being requested to rule out any fractures from the falls. On 11/19/2014, Utilization Review non-certified x-ray for the thoracic spine as an outpatient submitted diagnosis bilateral shoulder impingement syndrome. The request was received on 11/12/2014. According to the Utilization

Review physician, it was unclear why there was a request for a thoracic spine radiograph in conjunction with a diagnosis of shoulder impingement. The records did not contain complaints of thoracic spine pain nor were there any abnormal thoracic spine physical examination findings. Guidelines cited for this review included Official Disability Guidelines, Neck and Upper Back, Radiography. The decision was appealed for an Independent Medical Review.

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

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

#### **1 Xray for the Thoracic Spine, As an Outpatient Submitted Diagnosis Bilateral Shoulder Impingement Syndrome: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Neck and Upper, Radiography

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines History and physical assessment Page(s): 5-6. Decision based on Non-MTUS Citation Low back section, radiographs

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, x-rays thoracic spine outpatient with the submitted diagnosis of bilateral shoulder impingement syndrome. Thorough history taking is always important in clinical assessment and treatment planning for the patient with chronic pain and includes a review of medical records. Clinical recovery may be dependent upon identifying and addressing previously unknown or undocumented medical and/or psychosocial issues. A thorough physical examination is important to establish/confirm diagnoses and to observe/understand pain behavior. Diagnostic studies should be ordered in this context and not simply for screening purposes. The official disability guidelines enumerated indications for plain x-rays of the thoracic spine. They include, but are not limited to, thoracic spine trauma, severe with pain, no neurologic deficit; and trauma with neurologic deficit. In this case, the injured workers working diagnoses are cervical discopathy with disc displacement, status post cervical fusion; bilateral CTS; bilateral shoulder impingement syndrome; lumbar discopathy with disc displacement, status post lumbar fusion; mood disorder; and bilateral sacroiliac arthropathy. The injured worker's subjective complaints were bilateral shoulder pain radiating to the cervical spine. He complained of pain and lumbar spine. He complained of pain in the mid back that radiates to the front of his rib cage. Objectively, however, there was no physical examination of the thoracic spine documented. The documentation includes tenderness to palpation over the lumbar spine paraspinal muscle groups and the bilateral SI joints. The Official Disability Guidelines enumerates the indications for plain x-rays of the thoracic spine. They included thoracic spine trauma with severe pain, no neurologic deficit and trauma with neurologic deficits. There were no significant neurologic deficits noted on physical examination with 5/5 strength in the upper extremities. Consequently, absent clinical documentation to support performing thoracic spine x-rays, x-ray thoracic spine outpatient with submitted diagnosis of bilateral shoulder impingement syndrome is not medically necessary.