

<b>Case Number:</b>	CM14-0027356		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	10/21/2013
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	12/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2014

### 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. 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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 53-year-old female who reported injury on 10/21/2013. Her mechanism of injury was a trip and fall. Her diagnoses included cervical, thoracic, and lumbar strain; bilateral shoulder strain; cervical, thoracic, and lumbar contusion; bilateral shoulder contusion. Her medications included naproxen 550 mg and Omeprazole 20 mg. The progress report dated 11/21/2013 documented the injured worker has a complaint of bilateral shoulder pain that she rated an 8/10 to 9/10 and described as sharp, shooting, and throbbing. Her right shoulder pain was rated at a 4/10 to 5/10. She has complaint of dull, throbbing neck pain that she rates at a 5/10 to 6/10. On physical exam, her left shoulder was noted to have tenderness anteriorly with tenderness on palpation and limited range of motion in internal and external rotation. The left shoulder was noted to have local muscular spasm with full range of motion. Thoracic and lumbar spine were positive for tenderness bilaterally in the parathoracic and paralumbar regions with limited range of motion for bilateral lateral rotation and lateral flexion. Straight leg raise was negative.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**X-Ray Thoracic Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 2nd Edition Pages 181 - 183. Decision based on Non-MTUS Citation Official Disability Guideline Low Back - Lumbar & Thoracic (updated 12/4/13).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**Decision rationale:** The request for X-Ray Thoracic Spine is not medically necessary. The ACOEM Guidelines state criteria for ordering imaging studies include an emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, or clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. There was a lack of documentation regarding a failure to progress in a strengthening program intended to avoid surgery, clarification of the anatomy, or definitive neurological findings. Therefore, the request for X-Ray Thoracic Spine is not medically necessary.

**X-Ray Cervical Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 2nd Edition Pages 181 - 183.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**Decision rationale:** The request for X-Ray Cervical Spine is not medically necessary. The ACOEM guidelines state criteria for ordering imaging studies include an emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, or clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. There was a lack of documentation regarding neurologic dysfunction, failure to progress in a strengthening program, or clarification needed for an invasive procedure. Therefore, the request for X-Ray Cervical Spine is not medically necessary.

**X-Ray Left Shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 2nd Edition, 2008 Pages 561 - 563. Decision based on Non-MTUS Citation Official Disability Guideline Shoulder (updated 6/12/13).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

**Decision rationale:** The request for X-Ray Left Shoulder is not medically necessary. The ACOEM guidelines state criteria for ordering imaging studies include an emergence of a red

flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, or clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. There is a lack of documentation regarding neurologic dysfunction, failure to progress in a strengthening program, or clarification of the anatomy needed. Therefore, the request for X-Ray Left Shoulder is not medically necessary.

**X-Ray Right Shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 2nd Edition, 2008 Pages 561 - 563. Decision based on Non-MTUS Citation Official Disability Guideline Shoulder (updated 6/12/13).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

**Decision rationale:** The request for X-Ray Right Shoulder is not medically necessary. The ACOEM guidelines state criteria for ordering imaging studies include an emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, or clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. There is a lack of documentation regarding neurologic dysfunction, failure to progress, or clarification of the anatomy needed. Therefore, the request for X-Ray Right Shoulder is not medically necessary.