

Case Number:	CM15-0133193		
Date Assigned:	07/20/2015	Date of Injury:	06/18/2014
Decision Date:	08/17/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	07/09/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 45 year old male who sustained an industrial injury on 6/18/14. Progress report dated 5/8/15 reports complaints of headaches, ear ache with buzzing in ears, neck, upper and lower back, bilateral shoulders, left elbow, bilateral wrists and abdominal pain. Medications and chiropractic treatments help relieve the symptoms. Diagnoses include: cervical and thoracic chronic sprain/strain, chronic sprain/strain lumbar spine with right lower extremity radiculopathy, chronic sprain/strain bilateral shoulders, lateral epicondylitis, sprain/strain bilateral wrists, cephalgia secondary to stress, otalgia bilateral, anxiety/depression and insomnia. Plan of care includes: continue conservative treatment, continue medications, continue therapeutic activity 2 times per week for 4 weeks, continue chiropractic treatment once per week for 4 weeks, continue IF 4 unit at home and use paraffin bath. Work status: remain off work until 6/5/15. Follow up in 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chest x-ray: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 11th Edition (web), Pulmonary, X-ray.

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

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ODG states that chest x-rays are primarily used in the evaluation of pulmonary disease as manifested by shortness of breath, cough, suspected fever or injury/illness. The review of the provided clinical documentation does not show the patient to have pulmonary or cardiac symptoms that would warrant a chest x-ray. Therefore, the request is not medically necessary.