

Case Number:	CM15-0160790		
Date Assigned:	08/31/2015	Date of Injury:	05/29/2015
Decision Date:	10/09/2015	UR Denial Date:	07/27/2015
Priority:	Standard	Application Received:	08/17/2015

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: California

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 47 year old female with an industrial injury dated 05-29-2015. The injured worker's diagnoses include cervical musculoligamentous sprain and strain with attendant right upper extremity radiculitis, thoracic and lumbar musculoligamentous sprain and strain, bilateral sacroiliac (SI) joint sprain, bilateral shoulder periscapular myofascial strain and bilateral knee patellofemoral arthralgia with possible internal derangement. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 07-07-2015, the injured worker reported neck pain with radiation to the right upper extremity, increased mid back pain, increased low back pain, increased bilateral shoulder pain and bilateral knee pain, right side greater than the left, with popping and intermittent locking. Objective findings revealed tenderness to palpitation with slight hypertonicity and muscle guarding over the paracervical paravertebral musculature and upper muscles trapezius and pain with cervical range of motion in all planes. Upper trapezius myofascial trigger points were also noted on cervical exam. Bilateral axial compression test and Spurling's maneuver test were positive. Thoracolumbar spine revealed tenderness to palpitation with slight hypertonicity and muscle guarding over the mid and lower thoracic paravertebral musculature extending to the thoracolumbar junction. Tenderness to palpitation was also present at L4-S1, lower lumbar paravertebral musculature and lumbosacral junction, left greater than right, and point tenderness over the sacroiliac (SI) joints. Bilateral shoulder exam revealed tenderness to palpitation with slight hypertonicity and muscle guarding over the posterior periscapular musculature including the upper trapezius muscles along with the presence of upper trapezius myofascial trigger points.

Subacromial joint crepitus was also noted on bilateral shoulder exam. Bilateral knee exam revealed tenderness to palpitation, patellofemoral crepitus and retropatellar pain. The treating physician reported that radiographs of the cervical spine, lumbar spine, bilateral shoulders and bilateral knees were obtained on evaluation to assess for fractures, dislocations, gross soft tissue abnormalities or degenerative processes. Treatment plan consisted of request for authorization of radiographs obtained on 07-07-2015, medication management, chiropractic treatment, and OrthoStim 4-inferential unit. The treating physician requested authorization for retrospective requests for X-rays of the cervical spine, lumbar spine, bilateral shoulder and bilateral knees, now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro (DOS unspecified) X-ray cervical spine: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

Decision rationale: The patient was injured on 05/29/15 and presents with neck pain radiating into the right upper extremity, mid back pain, low back pain, bilateral shoulder pain, and bilateral knee pain. The retrospective request is for an x-ray of the cervical spine. The utilization review rationale is that there is no documented "substantial change in clinical status or trauma to the neck or cervical spine to support the medical necessity of the cervical spine series." The RFA is dated 07/07/15 and the patient is on regular work duty as of 07/07/15. Review of the reports provided does not indicate if the patient had a prior x-ray of the cervical spine. MTUS/ACOEM Guidelines, Chapter 8, Neck and Upper back Complaints Chapter under Special Studies Section, pages 177 and 178 states: "X-rays: Initial studies may be warranted only when potentially serious underlying conditions are suspected like fracture or neurologic deficit, cancer, infection or tumor. (Bigos, 1999) (Colorado, 2001), Emergence of a red flag, Physiologic evidence of tissue insult or neurologic dysfunction- Failure to progress in a strengthening program intended to avoid surgery, Clarification of the anatomy prior to an invasive procedure." MTUS/ACOEM Chapter 8, table 8-7 on page 179, states: Cervical radiographs are most appropriate for patients with acute trauma associated with midline vertebral tenderness, head injury, drug or alcohol intoxication, or neurologic compromise. The patient has a positive bilateral axial compression test, a positive Spurling's maneuver test, trapezius myofascial trigger points, tenderness to palpation with slight hypertonicity, muscle guarding over the paracervical paravertebral musculature and upper muscles trapezius, and pain with cervical range of motion in all planes. Given that the patient has not had a prior x-ray of the cervical spine and continues to have neck pain radiating into the right upper extremity, the request appears reasonable. The requested x-ray of the cervical spine IS medically necessary.

Retro (DOS unspecified) X-ray lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back Chapter, under Radiography.

Decision rationale: The patient was injured on 05/29/15 and presents with neck pain radiating into the right upper extremity, mid back pain, low back pain, bilateral shoulder pain, and bilateral knee pain. The retrospective request is for a x-ray of the lumbar spine. The RFA is dated 07/07/15 and the patient is on regular work duty as of 07/07/15. Review of the reports provided does not indicate if the patient had a prior x-ray of the lumbar spine. MTUS/ACOEM Guidelines, Chapter 12, Low back Complaints Chapter under Special Studies Section, pages 303-305: "Special Studies and Diagnostic and Treatment Considerations Lumbar spine x-rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks." ODG Guidelines, Low back Chapter, under Radiography states: "Lumbar spine radiography should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least 6 weeks." ODG further states, "Immediate imaging is recommended for patients with major risk factors for cancer, spinal infection, caudal equine syndrome, or severe or progressive neurologic deficits. Imaging after a trial of treatment is recommended for patients who have minor risk factors for cancer, inflammatory back disease, vertebral compression fracture, radiculopathy, or symptomatic spinal stenosis. Subsequent imaging should be based on new symptoms or changes in current symptoms." The patient has tenderness to palpitation at L4-S1, lower lumbar paravertebral musculature and lumbosacral junction as well as point tenderness over the sacroiliac (SI) joints. She is diagnosed with cervical musculoligamentous sprain and strain with attendant right upper extremity radiculitis, thoracic and lumbar musculoligamentous sprain and strain, bilateral sacroiliac (SI) joint sprain, bilateral shoulder periscapular myofascial strain and bilateral knee patellofemoral arthralgia with possible internal derangement. In this case, there is no mention of instability or spondylolisthesis in the progress reports provided. There are no red flags or any of the indications listed above per ODG guidelines for an X-ray. Therefore, the request IS NOT medically necessary.

Retro (DOS unspecified) X-ray bilateral shoulder: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic) Chapter, under Radiography.

Decision rationale: The patient was injured on 05/29/15 and presents with neck pain radiating into the right upper extremity, mid back pain, low back pain, bilateral shoulder pain, and bilateral knee pain. The retrospective request is for a x-ray of the bilateral shoulder. The RFA is dated 07/07/15 and the patient is on regular work duty as of 07/07/15. Review of the reports provided does not indicate if the patient had a prior x-ray of the bilateral shoulders. ODG-TWC, Shoulder (Acute & Chronic) Chapter, under Radiography states: "Plain radiographs should be routinely

ordered for patients with chronic shoulder pain, including anteroposterior, scapular Y, and axillary views. Radiographs of the acromioclavicular joint can be difficult to interpret because osteoarthritis of this joint is common by the age of 40 to 50 years." The patient has tenderness to palpation with slight hypertonicity of the bilateral shoulders, muscle guarding over the posterior periscapular musculature including the upper trapezius muscles, the presence of upper trapezius myofascial trigger points, and subacromial joint crepitus. She is diagnosed with cervical musculoligamentous sprain and strain with attendant right upper extremity radiculitis, thoracic and lumbar musculoligamentous sprain and strain, bilateral sacroiliac (SI) joint sprain, bilateral shoulder periscapular myofascial strain and bilateral knee patellofemoral arthralgia with possible internal derangement. There is no indication that the patient has acute shoulder trauma to rule out fracture, dislocation, or questionable bursitis. In this case, she presents with chronic shoulder pain with evidence of prior X-rays. ODG supports plain radiographs for chronic shoulder pain. The request IS medically necessary.

Retro (DOS unspecified) X-ray bilateral knees: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, under Radiography.

Decision rationale: The patient was injured on 05/29/15 and presents with neck pain radiating into the right upper extremity, mid back pain, low back pain, bilateral shoulder pain, and bilateral knee pain. The retrospective request is for an x-ray of the bilateral knees. The RFA is dated 07/07/15 and the patient is on regular work duty as of 07/07/15. Review of the reports provided does not indicate if the patient had a prior x-ray of the bilateral knees. ODG Guidelines, Knee & Leg Chapter, under radiography indications state "Non-traumatic knee pain, adult: non-trauma, non-tumor, non-localized pain. Mandatory minimal initial exam. Anteroposterior (standing or supine) & Lateral (routine or cross-table)." The patient has tenderness to palpation of the medial joint lines of the bilateral knees, patellofemoral crepitus, and retropatellar pain. She is diagnosed with cervical musculoligamentous sprain and strain with attendant right upper extremity radiculitis, thoracic and lumbar musculoligamentous sprain and strain, bilateral sacroiliac (SI) joint sprain, bilateral shoulder periscapular myofascial strain and bilateral knee patellofemoral arthralgia with possible internal derangement. In this case, there is no evidence of any prior X-rays. ODG supports initial X-ray exam for non-traumatic knee pain, adult. The request IS medically necessary.