

<b>Case Number:</b>	CM15-0167007		
<b>Date Assigned:</b>	09/04/2015	<b>Date of Injury:</b>	12/05/2014
<b>Decision Date:</b>	10/20/2015	<b>UR Denial Date:</b>	08/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2015

### 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: 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 55 year old male with an industrial injury dated 12-10-2014. Medical record review indicates he is being treated for lumbar myalgia, lumbar myospasm, left sided rib contusions and right foot third metatarsal fracture. He presents on 08-05-2015 with complaints of low back, left sided rib and right foot pain. Physical exam noted tenderness over the foot dorsum. There was tenderness to palpation noted over the 3rd metatarsal. There was no bruising or deformity noted. In the review of systems the provider documents "Respiratory problems such as cough, wheezing or dyspnea are denied. Cardiac problems such as chest pain, heart murmur or palpitations are denied." Work status is documented as partially disabled with work restrictions of preclusions from heavy lifting greater than 10 pounds, stair climbing, prolonged standing or walking greater than 20 minutes, walking on uneven surfaces and repetitive feet motion. He had not worked since 12-10-2014. In the 02-05-2014 documentation notes "Light duty is not being accommodated." Prior treatment included physical therapy 6 sessions "which provided no relief" (documented in 02-18-2015 note.) Other documented treatments were medications and back brace. The provider documents "The patient continues to experience pain in low back, left sided ribs and right foot pain." The treatment plan included MRI of lumbar spine, x-ray of the right foot and left sided rib series, physical therapy three times a week for four weeks for evaluation and treatment of lumbar spine and medications to include Fexmid, Anaprox and Protonix. The request for review is for chest x-ray. On 08-18-2015 the request for chest x-ray was non-certified by utilization review.

## 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 (ODG), Shoulder (Acute and Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pulmonary Chapter/X-ray.

**Decision rationale:** Per ODG's pulmonary chapter, X-Ray is recommended if acute cardiopulmonary findings by history/physical, or chronic cardiopulmonary disease in the elderly (greater than 65). Routine chest radiographs are not recommended in asymptomatic patients with unremarkable history and physical. A chest x-ray is typically the first imaging test used to help diagnose symptoms such as: shortness of breath, a bad or persistent cough, chest pain or injury and fever. In this case, the injured worker sustained an injury almost one year ago and the medical records note that rib x-rays were performed post injury. The injured worker is complaining of left sided rib pain and respiratory problems are denied. The medical records do not establish red flags or re-injury to support the request for chest x-rays. The request for Chest X-ray is not medically necessary or appropriate.