

Case Number:	CM15-0194075		
Date Assigned:	10/07/2015	Date of Injury:	12/22/1997
Decision Date:	11/19/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/02/2015

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: New York, Tennessee

Certification(s)/Specialty: Emergency 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:

The injured worker is a 59 year old female who sustained an industrial injury on December 22, 1997. A recent neurosurgical evaluation dated September 08, 2015 reported an impression stating: left posttraumatic Piriformis syndrome. A primary treating office visit dated August 01, 2014 reported subjective complaint of "pain shooting down her leg with cramping:" primarily on the left side, but at times also on the right. Of note, since July 10, 2014 the worker had received one trigger point injection in the iliac crest, sacroiliac joint which offered marked improvement of symptoms that unfortunately only lasted a week then pain returned. The following diagnoses were applied to this visit: status post laminectomy syndrome with left sided sacroilitis; status post left sacroiliac joint fusion with placement of three implants; status post revision fusion, and hardware removal and repeat laminotomy; chronic left lower extremity radiculopathy; left sided trochanteric bursitis, and Piriformis syndrome, left. On September 06, 2015 a request was made for a chest radiography study that was noncertified by Utilization Review on September 22, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chest x-ray 1 view: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate: Preoperative medical evaluation of the healthy patient.

Decision rationale: In this case, the chest x-ray is being requested as part of a pre-operative evaluation. Preoperative chest x-rays add little to the clinical evaluation in identifying patients at risk for perioperative complications. Abnormal findings on chest x-ray occur frequently, and are more prevalent in older patients. Several systematic reviews and independent advisory organizations in the US and Europe recommend against routine chest radiography in healthy patients. In this case, there is no documentation of cough, chest pain, shortness of breath, or any other respiratory symptoms. Medical necessity has not been established. The request is not medically necessary and should not be authorized.