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| <b>Case Number:</b>   | CM15-0023968 |                              |            |
| <b>Date Assigned:</b> | 02/13/2015   | <b>Date of Injury:</b>       | 12/27/2014 |
| <b>Decision Date:</b> | 03/26/2015   | <b>UR Denial Date:</b>       | 01/29/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/09/2015 |

### 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: Arizona, 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 46 year old male, who sustained an industrial injury on 12/27/2014. The diagnoses have included cervical spine sprain/strain with radiculitis, lumbar spine sprain/strain, bilateral shoulder impingement syndrome, and thoracic outlet syndrome. No noted treatments or diagnostic studies noted in received medical records. In a progress note dated 01/14/2015, the injured worker presented with complaints of cervical spine, lumbar spine, left and right shoulder pain, and constant headaches. The treating physician reported requesting authorization for x-rays. Utilization Review determination on 01/29/2015 non-certified the request for Right Shoulder X-ray, Left Shoulder X-ray, and Lumbar Spine X-ray citing Medical Treatment Utilization Schedule Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Shoulder X-ray:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines Acute Shoulder Trauma.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214.

**Decision rationale:** According to the guidelines, routine radiographs of the shoulder is not recommended for before 4-6 weeks of conservative care for routine shoulder injuries. It is optional for AC joint separation. In this case, there are no clinical findings suggestive of a fracture. The request was under the 4 weeks of the injury. The request for an x-ray of the right shoulder is not medically necessary.

**Left Shoulder X-ray:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines Acute Shoulder trauma.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214.

**Decision rationale:** According to the guidelines, routine radiographs of the shoulder is not recommended for before 4 weeks of conservative care for routine shoulder injuries. It is optional for AC joint separation. In this case, there are no clinical findings suggestive of a fracture. The request was under the 4 weeks of the injury. The request for an x-ray of the left shoulder is not medically necessary.

**Lumbar Spine X-ray:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Occupational Medicine Practice guidelines, 2nd Edition, 2004 Lumb.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

**Decision rationale:** According to the guidelines, routine x-rays of the lumbar spine are not recommended in the absence of red flag findings. It is recommended for red flag symptoms or fracture. In this case, there is no indication of infection, fracture or acute neurological findings. The request for an x-ray of the lumbar spine is not medically necessary.