

<b>Case Number:</b>	CM15-0045595		
<b>Date Assigned:</b>	03/17/2015	<b>Date of Injury:</b>	09/15/2003
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2015

### 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: Pennsylvania, Ohio, 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 48-year-old male, who sustained an industrial injury on 9/15/2003. He reported falling backward off a ladder, landing on his ribs and upper back. The injured worker was diagnosed as status post thoracic 7-8 fusion with rib resection, chronic pain syndrome and neuropathy. Treatment to date has included surgery and medication management. Currently, a progress note from the treating provider dated 11/4/2014 indicates the injured worker reported right neck pain and mid back pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro X-ray upper back:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177, Chronic Pain Treatment Guidelines.

**Decision rationale:** ACOEM guidelines recommend spinal plain films (as in this case) or special studies if there is a specific rationale or differential diagnosis to support such a request. The

records in this case do not provide a rationale or differential diagnosis for the requested x-rays, particularly in this chronic phase over a decade old. The request is not medically necessary.