MAXIMUS Federal Services

Case Number:	CM15-0080438		
Date Assigned:	05/01/2015	Date of Injury:	05/28/1998
Decision Date:	06/01/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	04/27/2015

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 Jersey
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 60-year-old female who sustained an industrial injury on 5/28/98. She has reported initial complaints of low back pain after hitting cement curb in a parking lot. The diagnoses have included displacement of cervical disc without myelopathy, displacement of lumbar disc without myelopathy, cervical disc degeneration, lumbar disc degeneration, lumbosacral radiculitis and schizophrenia. Treatment to date has included medications via intrathecal pump. Currently, as per the physician progress note dated 3/20/15, the injured worker complains of back pain. It was noted that she was pump analysis, re-fill and re-programming. The injured worker states that the last increase was from 2.1-2.2 milligrams per day of intrathecal Morphine, with an increase in Clonidine, which was beneficial to reduce her pain without adverse effects. It was noted that slow upward titration will continue and the injured worker would like the intrathecal pump replaced. The low back pain was rated 9/10 on pain scale without medications and increased activities aggravate the pain. The urine drug screen dated 9/19/14 was consistent with medications prescribed. She also has sleep apnea. It was noted that the physician would like to begin workup for intrathecal pump replacement. The physician requested treatment included 1 chest x-ray.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 chest x-ray: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Danielson D, Bjork K, Card R, Foreman J, Harper C, Roemar R, Stultz J, Sypura W, Thompson S, Webb B. Preoperative evaluation. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2012 Jul. 61p.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pulmonary section, X-ray.

Decision rationale: The MTUS is silent regarding chest x-ray. The ODG, however, states that they are recommended if acute cardiopulmonary findings by history/physical are found, or for chronic cardiopulmonary disease in the elderly (> 65). Routine chest radiographs, however, 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 the case of this worker, a pre-operative (replacement of intrathecal pump) routine x-ray of the chest was recommended. Upon review of the notes provided, there was no symptom of cardiopulmonary disease such as cough, shortness of breath, chest pain, edema, etc. to justify a chest x-ray at the time it was recommended. Therefore, the request for a chest x-ray will be considered medically unnecessary.