

Case Number:	CM15-0085695		
Date Assigned:	05/07/2015	Date of Injury:	01/09/2015
Decision Date:	06/08/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	05/04/2015

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: 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 44 year old female who sustained an industrial injury on 01/09/2015. Current diagnoses include blurred vision, dizziness, headache, photosensitivity, cervical pain, cervical sprain/strain, thoracic myospasm, thoracic pain, lumbar pain, lumbar sprain/strain, right lateral epicondylitis, and left lateral epicondylitis. Previous treatments were not included. Initial injuries included neck, back, knees, arms, head, eyes, and stomach. Report dated 02/16/2015 noted that the injured worker presented with complaints that included right arm tingling, and cramps from both knees to feet. Pain level was 7 out of 10 (head, cervical spine, right elbow, left elbow, and right knee) and 6 out of 10 (left knee) on a visual analog scale (VAS). Physical examination was positive for abnormal findings. Disputed treatments include x-ray of the thoracic spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray thoracic spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 303-304.

Decision rationale: Per ACOEM Treatment Guidelines for the Back Disorders states Criteria for ordering imaging studies such as the requested X-rays of the lumbar spine include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports have not adequately demonstrated the indication for the Thoracic spine x-rays nor document any specific acute change in clinical findings to support this imaging study as reports noted unchanged symptoms of ongoing pain without any progressive neurological deficits. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The X-ray thoracic spine is not medically necessary and appropriate.