MAXIMUS Federal Services

| Case Number: | CM13-0004307 | | |
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| Date Assigned: | 12/11/2013 | Date of Injury: | 09/25/2010 |
| Decision Date: | 05/14/2014 | UR Denial Date: | 07/24/2013 |
| Priority: | Standard | Application Received: | 07/29/2013 |

## 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. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

## 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 applicant is a [redacted] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of September 20, 2010. Thus far, the applicant has been treated with the following: analgesic medications; unspecified amounts of chiropractic manipulative therapy; at least two prior epidural steroid injections: and extensive periods of time off of work. In an earlier note of January 19, 2013, the applicant was described as having a variety of alleged derivative issues, including psychological stress, sleep disturbance, gastritis, GERD, and reportedly uncontrolled hypertension first diagnosed in 1998. In a July 9, 2013 consultation, the consultant sought authorization for a chest x-ray, EKG and blood pressure lowering medications. The applicant's blood pressure was 185/90 on that date. On July 11, 2013, the applicant was again described as having ongoing issues with hip pain, low back pain, facet arthropathy, trochanteric bursitis, dyspepsia, ankle swelling, sleep disturbance, psychological stress, and hypertension, which, it was alleged, had reportedly been worsened as a result of ongoing NSAID usage.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**CHEST X-RAY:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG PULMONARY (UPDATED 1/11/13), X-RAY.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AMERICAN COLLEGE OF RADIOLOGY (ACR), APPROPRIATENESS CRITERIA, GUIDELINE FOR THE PERFORMANCE OF CHEST RADIOGRAPHY.

**Decision rationale:** The MTUS does not address the topic. As noted by the American College of Radiology (ACR), routine chest radiography does not seem to be clearly indicated in uncomplicated hypertension. It is further noted that ACR goes on to note that chest radiography is insensitive for detecting left ventricular hypertrophy and that chest radiography should be reserved for hypertensive patients with cardio-respiratory symptoms. In this case, the applicant's hypertension, while sub-optimally controlled, is asymptomatic. Routine chest radiography is not indicated, per ACR. Accordingly, the request is not certified.