

<b>Case Number:</b>	CM14-0149586		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	01/27/2012
<b>Decision Date:</b>	11/04/2014	<b>UR Denial Date:</b>	09/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2014

### 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 Pain Management 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 injured worker is a 57-year-old male with a date of injury on January 28, 2012. He has history of (a) 2 mm bulging disc C4-5 and C5-6 and (b) 6 mm herniated disc L5-S1. Most recent records dated May 13, 2014 documents that the injured worker has been made permanent and stationary. He has gotten one lumbar epidural injection in a series of three which made more than 50% relief that lasted for a long time however he reported that it was starting to wear off. He is noted to continue to have pain to a point where he was not getting adequate pain medication. On examination, spasms of the back were noted. He has positive straight leg raising test on the right. Neck examination noted limited range of motion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**X-Rays Chest two (2) views frontal and lateral:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Routine testing, i.e., laboratory tests

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee, Venous Thrombosis

**Decision rationale:** Based on the records received, there is nothing that connects the current injuries/complaints of the injured worker to the chest area. There is no indication of any red flags in the injured worker's history or examination that indicates red flags or referred pain. There is also no indication that he underwent a major surgery or even signs of deep vein thrombosis. Therefore, the request is not considered medically necessary.