

<b>Case Number:</b>	CM14-0162117		
<b>Date Assigned:</b>	10/07/2014	<b>Date of Injury:</b>	09/10/1996
<b>Decision Date:</b>	10/31/2014	<b>UR Denial Date:</b>	08/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2014

### 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 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:

There were 58 pages provided for this review. There was an application for independent medical review received on September 5, 2014. It was for thoracic spine x-ray. Per the records provided, this is a 67-year-old female injured on September 10, 1996 after pulling laundry containers into a hall. She was awarded future medical treatment. Her last physical therapy was in 2012 and again there were no diagnostics in the last three years. As of July 29, 2014, she had complaints of pain in the neck, upper back, lower back, bilateral shoulders, bilateral wrists, left knee and left ankle. The neck pain radiated to both shoulders and down the left arm associated with numbness and tingling. The upper back pain radiated to the shoulders in the low back. She uses a walker and a back and ankle brace. She had activity of daily living limitations. There were limitations and range of motion. It is not clear why although the testing is being requested, that there is documentation of prior extensive imaging and testing in the past. It is not clear that there is been in a significant change in her clinical condition to drive the need to redo all of the past testing.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Thoracic spine x-ray:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

**Decision rationale:** The California MTUS-ACOEM guides, specifically Chapter 8 for the neck, note on page 177: For most patients presenting with true neck or upper back problems, special studies are not needed unless a three or four week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red flag conditions are ruled out. Criteria for ordering imaging studies are: 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. Reliance on imaging studies alone to evaluate the source of neck or upper back symptoms carries a significant risk of diagnostic confusion (false positive test results) because it's possible to identify a finding that was present before symptoms began and, therefore, has no temporal association with the symptoms. Moreover, the clinical symptoms have been exhaustively studied radiographically in the past, without clear progression of signs that would warrant restarting the diagnostics for the patient. The request for the thoracic imaging is not medically necessary.