

Case Number:	CM14-017776		
Date Assigned:	10/31/2014	Date of Injury:	06/28/2014
Decision Date:	12/09/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/28/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for hand, wrist, neck, mid back, and foot pain reportedly associated with an industrial injury of June 28, 2014. In a Utilization Review Report dated September 29, 2014, the claims administrator failed to approve request for x-ray imaging of the cervical spine, right foot, and lumbar spine. The applicant's attorney subsequently appealed. In a progress note date September 30, 2014, the applicant reported ongoing complaints of neck pain, low back pain, hand pain, and foot pain. It was suggested that the applicant has alleged multifocal pain complaints secondary to cumulative trauma at work as opposed to a specific, discrete injury. The applicant is using Prilosec, Flexeril, and tramadol. The applicant exhibited a normal gait. Diffuse cervical and lumbar paraspinal tenderness was appreciated. Physical therapy, Norco, Prilosec, and Flexeril were endorsed, along with x-rays of the cervical spine, lumbar spine, right hand, and left foot. The applicant was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray of the cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, X-rays

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Table 8-8, page 182.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 8, Table 8-8, page 182, the routine usage of radiography of the cervical spine is "not recommended" in applicants in whom red flags are absent. In this case, there are seemingly no red flags symptoms, signs, or suspected diagnoses present here. The applicant has alleged multifocal pain complaints secondary to cumulative trauma at work as opposed to specific, discrete injury. It is not clear what role plain film imaging would serve here. It does appear, moreover, that the request in fact represents routine usage of radiography as x-rays of multiple body parts were sought, without any clear indications. The request, thus, runs counter to ACOEM principles and parameters. Therefore, the request is not medically necessary.

X-ray of the right foot: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, X-rays

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): Table 14-6, page 377.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 14, Table 14-6, the routine usage of radiographic films for soft tissue diagnoses is "not recommended." In this case, the applicant has multifocal pain complaints secondary to alleged cumulative trauma at work. The applicant has not sustained any kind of specific, discrete injury involving the foot. There was no mention of any red flag diagnosis such as a fracture being suspected here. Therefore, the request is not medically necessary.

X-ray of the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, X-rays

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Table 12-8, page 309.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-8, page 309, the routine usage of radiographs of the lumbar spine in the applicants with red flag is "not recommended." Here, as with multiple other x-ray requests, the applicant has alleged multifocal pain complaints secondary to cumulative trauma at work. There was no mention of any suspected red flag diagnosis such as fracture, tumor, infection, etc., being present here insofar as the lumbar spine is concerned so as to compel the x-rays in question. Rather, it appeared that the attending provider was intent on performing and/or obtaining x-rays of numerous body parts on a routine basis. This is not an ACOEM-endorsed role for x-rays of the lumbar spine. Therefore, the request is not medically necessary.