

Case Number:	CM14-0183079		
Date Assigned:	11/07/2014	Date of Injury:	07/18/2012
Decision Date:	12/12/2014	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/03/2014

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:

This is a 62-year-old female with a 7/18/2012 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 10/13/14 noted no new subjective complaints. Objective findings included clear lungs. Diagnostic Impression: lumbosacral strain. Treatment to Date: medication management, epidural steroid injections A UR decision dated 10/24/14 denied the request for chest x-ray. Based on the available documentation, the medical necessity for this radiograph has not been established.

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 Official Disability Guidelines, Treatment for Workers Compensation, Integrated Treatment/Disability Duration Guidelines, Pulmonary (Acute & Chronic) - Radiography (Diagnostic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pulmonary Chapter

Decision rationale: CA MTUS does not address this issue. ODG recommends chest X-Ray with acute cardiopulmonary findings by history/physical, or chronic cardiopulmonary disease in the elderly (greater than 65). Routine chest radiographs are not recommended in asymptomatic patients with unremarkable history and physical. However, in the documents available for review, there is no provided rationale for the requested chest radiograph. The patient has no subjective complaints. The lungs are clear on examination. It is unclear how a chest x-ray would be of diagnostic utility. Therefore, the request for chest x-ray is not medically necessary.