

<b>Case Number:</b>	CM14-0216712		
<b>Date Assigned:</b>	02/03/2015	<b>Date of Injury:</b>	10/25/2014
<b>Decision Date:</b>	03/12/2015	<b>UR Denial Date:</b>	12/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/26/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Pennsylvania, Ohio, California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 patient's diagnoses include headaches, cervical sprain, thoracic sprain, lumbar sprain, bilateral hand tenosynovitis, abdominal pain, anxiety, and sleep. The patient has reported symptoms of numbness and tingling down to both hands and upper back pain radiating to the neck as well as difficulty sleeping. On exam the patient had painful range of motion in these areas as well as pain on heel and toe walking due to back discomfort.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**X-ray studies of bilateral wrists x1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269.

**Decision rationale:** ACOEM guidelines recommends plain films based on a specific rationale/differential diagnosis documented in the history and physical examination report. This

patient has multifocal pain without a clear differential diagnosis for the requested x-rays. This request is not medically necessary.

**X-ray studies of the bilateral hands x1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269.

**Decision rationale:** ACOEM guidelines recommends plain films based on a specific rationale/differential diagnosis documented in the history and physical examination report. This patient has multifocal pain without a clear differential diagnosis for the requested x-rays. This request is not medically necessary.

**X-ray studies of the cervical spine x1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182. Decision based on Non-MTUS Citation ODG Neck and Upper Back (Acute & Chronic) Radiography

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179.

**Decision rationale:** ACOEM guidelines recommends plain films based on a specific rationale/differential diagnosis documented in the history and physical examination report. This patient has multifocal pain without a clear differential diagnosis for the requested x-rays. This request is not medically necessary.

**X-ray studies of the lumbar spine x1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

**Decision rationale:** ACOEM guidelines recommends plain films based on a specific rationale/differential diagnosis documented in the history and physical examination report. This patient has multifocal pain without a clear differential diagnosis for the requested x-rays. This request is not medically necessary.

**Follow up with psychiatrist x1:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 387-388.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 101.

**Decision rationale:** An initial physician review indicated that sufficient time had not elapsed to suggest a need for specialty treatment. In this case the patient reports multifocal pain as well as anxiety and sleep disturbance. Psychiatry or psychology follow-up is supported by the treatment guidelines given these red flags. This request is medically necessary.