

Case Number:	CM15-0123954		
Date Assigned:	07/08/2015	Date of Injury:	03/08/2013
Decision Date:	08/31/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/26/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 46 year old female who sustained an industrial injury on 03/08/2013. Mechanism of injury was not found in documents present for review. Diagnoses include thoracic spine chronic myofascitis, and bilateral wrist and ankle sprains. Treatment to date has included diagnostic studies, medications, acupuncture, chiropractic sessions, physical therapy and work conditioning. She is also status post right carpal tunnel release on 01/06/2015. She is on temporary total disability. A physician progress note dated 05/12/2015 documents the injured worker complains of pain and discomfort in the upper back. She has tenderness over the T6-T8, and T10-T11. She continues to have some pain in her right wrist, and left wrist pain and numbness. On examination there is some tenderness noted on the left wrist and right wrist. Several documents within the submitted medical records are difficult to decipher. Treatment requested is for X-Ray Thoracic Spine 2 Views. The medication list includes Trazodone and Terocin patch. A recent diagnostic imaging report was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-Ray Thoracic Spine 2 Views: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back (updated 06/25/15) Radiography (x-rays).

Decision rationale: Per the ACOEM chapter, 8 guidelines cited below 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. Diagnoses include thoracic spine chronic myofascitis, and bilateral wrist and ankle sprains. A physician progress note dated 05/12/2015 documents the injured worker complains of pain and discomfort in the upper back. She has tenderness over the T6-T8, and T10-T11. There is physiologic evidence of tissue insult. Patient has received an unspecified number of PT visits for this injury. Thoracic spine X-rays were requested to aid in patient management. The request for the X-Ray Thoracic Spine 2 Views is medically necessary and appropriate for this patient at this time.