

Case Number:	CM15-0124846		
Date Assigned:	07/09/2015	Date of Injury:	05/04/2007
Decision Date:	08/05/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	06/29/2015

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: North Carolina

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 44-year-old male who sustained an industrial injury on May 4, 2007. He has reported injury to the lumbosacral spine and has been diagnosed with lumbosacral spine disease with prior surgeries and chronic pain syndrome, cervical musculoligamentous sprain strain exacerbation, thoracic musculoligamentous strain sprain exacerbation, and lumbosacral musculoligamentous sprain strain with radiculopathy. Treatment has included surgeries x 3, medications, injections, and therapy. The dorsal spine revealed a scar over the lumbosacral area from prior surgeries. The treatment request included 2-view chest x-ray, Ap/Lateral.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 View chest X-ray, AP/LAT: 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), chest X-ray.

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

Decision rationale: The California MTUS and ACOEM do not specifically address the requested service. The ODG states chest x-rays are indicated if there are acute cardiopulmonary findings on physical exam or history of chronic cardiopulmonary disease in the elderly. Routine chest x-ray is not recommended. The provided clinical documentation does not show either acute or chronic cardiopulmonary disease and the request is not medically necessary.