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| Case Number: | CM15-0127397 | | |
| Date Assigned: | 07/14/2015 | Date of Injury: | 02/27/2015 |
| Decision Date: | 08/18/2015 | UR Denial Date: | 06/29/2015 |
| Priority: | Standard | Application Received: | 07/01/2015 |

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: Connecticut, California, Virginia
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 45 year old male, who sustained an industrial injury on February 27, 2015. He reported injury to his left ankle and back. The injured worker was diagnosed as having left ankle signs and symptoms, lumbar spine radiculitis, cervical spine radiculitis and left shoulder impingement. Treatment to date has included diagnostic studies, surgery and medications. On April 14, 2015, the injured worker complained of pain rated as a 6-7 on a 0-10 pain scale. The area of pain was not indicated. He underwent surgery one week prior to the exam date and stated that he felt an improvement immediately. The treatment plan included medication weaning, medications, spinal cord stimulator explant and a follow-up visit. On June 29, 2015, Utilization Review non-certified the request for x-ray of the lumbar spine, x-ray of the cervical spine, x-ray of the left ankle and x-ray of the left shoulder, citing ACOEM Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray of lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: The MTUS discusses recommendations for imaging in unequivocal findings of specific nerve compromise on physical exam, in patients who do not respond to treatment, and who would consider surgery an option. Absent red flags or clear indications for surgery, a clear indication for MRI is not supported by the provided documents, however, one was obtained and the read is included in the provided records. Without further indication of clinical value for xrays of the lumbar spine, at this time the request is not considered medically necessary.

X-Ray of Cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-78.

Decision rationale: Per the MTUS ACOEM Guidelines, imaging be considered in cases where red flags are present or in cases where evidence of tissue injury or neurologic dysfunction are present, failure in strengthening program to avoid surgery, or to clarify anatomy prior to operative intervention/invasive procedures. In this case, MRI of the c-spine has already been completed and results are included in the provided records. Without clear indication as to what clinical benefit plain films would add at this point, the request for xray imaging is not considered medically necessary at this time.

X-Ray of the left ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-75.

Decision rationale: The MTUS ACOEM guidelines discuss imaging modalities in cases of foot and ankle pain. In this case, MRI of the ankle has already been completed and results are included in the provided records. Without clear indication as to what clinical benefit plain films would add at this point, the request for xray imaging is not considered medically necessary at this time.

X-ray of the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 207.

Decision rationale: According to the ACOEM guideline cited, for patients with a shoulder problem, special studies are not indicated, unless there are red flags, or a four- to six-week period of conservative management fails to improve symptoms. The provided documents indicate that MRI has already been completed. Without clinical need for plain films in addition to MRI at this time, request for xray of the shoulder is not medically necessary at this time.