

Case Number:	CM15-0143606		
Date Assigned:	08/04/2015	Date of Injury:	01/20/2009
Decision Date:	10/08/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	07/24/2015

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: 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 71 year old woman sustained an industrial injury on 1-20-2009 while assisting a student in a wheelchair onto her bus. Diagnoses include residuals of musculoligamentous strains of the cervical spine, suprascapular, shoulder, and lumbar spine. Treatment has included oral medications, chiropractic care, massage therapy, and physical therapy. Physician notes dated 5-11-2015 show complaints of neck and upper back pain with spasms and intermittent low back pain. Recommendations include bilateral shoulder x-rays, cervical spine x-rays, lumbar spine x-rays, pain management consultation, internal medicine consultation, and follow up in six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-rays of bilateral shoulders per 5/11/15 order, QTY: 2: Overturned

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder.

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

Decision rationale: The patient presents with neck, upper back, right arm and right shoulder pain. The request is for x-rays of bilateral shoulders per 5/11/15 order, QTY: 2. The request for authorization is dated 05/11/15. Physical examination of the cervical spine reveals normal range of motion. Patient states she experiences a catching sensation with rotation of her neck. Exam of shoulders reveals slightly decreased range of motion. Patient states she has pain at the limits of motion. Exam of lumbosacral spine reveals normal range of motion. Patient states she experiences mild discomfort at the limits of motion. Exam of grip strength reveals mild discomfort in the right upper arm with forceful gripping. Per progress report dated 05/11/15, the patient is permanent and stationary and remains totally disabled. ODG Guidelines, under Radiography Section states, "Recommended as indicated below. The acutely traumatized shoulder should be imaged with plain films that are orthogonal to each other. Shoulder arthrography is still the imaging "gold standard" as it applies to full-thickness rotator cuff tears, with over 99% accuracy, but this technique must be learned, so it is not always recommended. (Newberg, 2000) Plain radiographs should be routinely ordered for patients with chronic shoulder pain, including anteroposterior, scapular Y, and axillary views. Radiographs of the acromioclavicular joint can be difficult to interpret because osteoarthritis of this joint is common by the age of 40 to 50 years. The preferred imaging modality for patients with suspected rotator cuff disorders is MRI. However, ultrasonography may emerge as a cost-effective alternative to MRI. (Burbank, 2008) Indications for imaging -- Plain radiographs: Acute shoulder trauma, rule out fracture or dislocation, Acute shoulder trauma, questionable bursitis, blood calcium (Ca+)/approximately 3 months duration, first study." Per progress report dated 05/11/15, treater's reason for the request is "in order to better work up and evaluate her subjective complaints of pain. Objective findings on physical examination include reduced flexion/extension/abduction in the bilateral shoulder with pain at the limits of range of motion." In this case, the patient continues with shoulder pain. Review of provided medical records shows no evidence of prior X-rays of Bilateral Shoulder. ODG guidelines recommend the radiographic imaging to rule out fracture or dislocation. The request appears reasonable and within ODG guidelines indication. Therefore, the request is medically necessary.

X-rays of cervical spine per 5/11/15 order, QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter, under Radiography.

Decision rationale: The patient presents with neck, upper back, right are and right shoulder pain. The request is for x-rays of cervical spine per 5/11/15 order, QTY: 1. The request for authorization is dated 05/11/15. Physical examination of the cervical spine reveals normal range of motion. Patient states she experiences a catching sensation with rotation of her neck. Exam of shoulders reveals slightly decreased range of motion. Patient states she has pain at the limits of motion. Exam of lumbosacral spine reveals normal range of motion. Patient states she

experiences mild discomfort at the limits of motion. Exam of grip strength reveals mild discomfort in the right upper arm with forceful gripping. Per progress report dated 05/11/15, the patient is permanent and stationary and remains totally disabled. ACOEM guidelines on special studies for C-spine Chapter 8 (p 177, 178) states: "X-rays: Initial studies may be warranted only when potentially serious underlying conditions are suspected like fracture or neurologic deficit, cancer, infection or tumor. (Bigos, 1999) (Colorado, 2001) 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." ODG Guidelines, Neck and Upper Back Chapter, under Radiography (x-rays) Section states: "Not recommended except for indications below. Patients who are alert, have never lost consciousness, are not under the influence of alcohol and/or drugs, have no distracting injuries, have no cervical tenderness, and have no neurologic findings, do not need imaging. Patients who do not fall into this category should have a three-view cervical radiographic series followed by computed tomography. There is little evidence that diagnostic procedures for neck pain without severe trauma or radicular symptoms have validity and utility. Initial studies may be warranted only when potentially serious underlying conditions are suspected like fracture or neurologic deficit, cancer, infection or tumor." Per progress report dated 05/11/15, treater's reason for the request is "in order to better work up and evaluate her subjective complaints of pain. In the cervical spine she had a catching sensation with rotation of the neck." However, there are no specific concerns for fracture or neurologic deficit, cancer, infection or tumor. Although the review of provided reports do not show a prior X-ray, the treater does not provide medical rationale for X-rays of Cervical Spine. Therefore, the request is not medically necessary.

X-rays of lumbar spine per 5/11/15 order, QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back Chapter under Radiography (x-ray).

Decision rationale: The patient presents with neck, upper back, right arm and right shoulder pain. The request is for x-rays of lumbar spine per 5/11/15 order, QTY: 1. The request for authorization is dated 05/11/15. Physical examination of the cervical spine reveals normal range of motion. Patient states she experiences a catching sensation with rotation of her neck. Exam of shoulders reveals slightly decreased range of motion. Patient states she has pain at the limits of motion. Exam of lumbosacral spine reveals normal range of motion. Patient states she experiences mild discomfort at the limits of motion. Exam of grip strength reveals mild discomfort in the right upper arm with forceful gripping. Per progress report dated 05/11/15, the patient is permanent and stationary and remains totally disabled. MTUS/ACOEM Practice Guidelines, Chapter 12, Low Back Complaints under Special Studies and Diagnostic and Treatment Considerations Section, pages 303-305 states, "Lumbar spine x rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks." ODG-TWC, Low back Chapter under Radiography (x-ray) Section states: "Lumbar spine radiography should not be

recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least 6 weeks." ODG further states "Immediate imaging is recommended for patients with major risk factors for cancer, spinal infection, caudal equine syndrome, or severe or progressive neurologic deficits. Imaging after a trial of treatment is recommended for patients who have minor risk factors for cancer, inflammatory back disease, vertebral compression fracture, radiculopathy, or symptomatic spinal stenosis. Subsequent imaging should be based on new symptoms or changes in current symptoms." Per progress report dated 05/11/15, treater's reason for the request is "in order to better work up and evaluate her subjective complaints of pain. Objective findings on physical examination include pain with limits of motion in the lumbar spine." However, there are no specific concerns for fracture, trauma, suspicion of cancer, and infection. Although the review of provided reports do not show a prior X-ray, the treater does not provide medical rationale for X-rays of Lumbar Spine. Therefore, the request is not medically necessary.

Referral to an internist per 5/11/15 order, QTY: 1: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition, 2004, Chapter 7, Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7, page 127.

Decision rationale: The patient presents with neck, upper back, right arm and right shoulder pain. The request is for referral to an internist per 5/11/15 order, QTY: 1. The request for authorization is dated 05/11/15. Physical examination of the cervical spine reveals normal range of motion. Patient states she experiences a catching sensation with rotation of her neck. Exam of shoulders reveals slightly decreased range of motion. Patient states she has pain at the limits of motion. Exam of lumbosacral spine reveals normal range of motion. Patient states she experiences mild discomfort at the limits of motion. Exam of grip strength reveals mild discomfort in the right upper arm with forceful gripping. Per progress report dated 05/11/15, the patient is permanent and stationary and remains totally disabled. ACOEM, Chapter 7, page 127 has the following: "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." Per progress report dated 05/11/15, treater's reason for the request is "for her hypertension." In this case, it would appear that the current treater feels uncomfortable with the patient's medical issues and has requested a Referral to an Internist. The patient's diagnostic impression and past medical history include previous illness of hypertension. Given the patient's condition, the request for a Referral to an Internist appears reasonable. Therefore, the request is medically necessary.