MAXIMUS Federal Services

Case Number:	CM15-0166621		
Date Assigned:	09/23/2015	Date of Injury:	10/01/2007
Decision Date:	11/03/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	08/25/2015

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:

The injured worker is a 49 year old female who sustained an industrial injury on 10-1-2007. A review of medical record indicated the injured worker is being treated for scapular dyskinesia, HS MFPS, and anxiety. Medical records dated 7-22-2015 noted she reports no better relief with Norco compared to Percocet. Physical examination dated 6-24-2015 noted scapular pain. Gait was non antalgic. There was decreased flexion and extension due to pain. Treatment has included Percocet, Soma, and physical therapy. Utilization review form dated 8-13-2015 noncertified X- rays, lumbar, thoracic, and left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-rays, lumbar, thoracic, and left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Shoulder Complaints 2004, and 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 - Lumbar & Thoracic (Acute & Chronic) Chapter under Radiography (x-rays).

Decision rationale: Based on the 2/11/15 progress report provided by the treating physician, this patient presents with tight shoulder pain. The treater has asked for X-RAYS, LUMBAR, THORACIC, AND LEFT SHOULDER but the requesting progress report is not included in the provided documentation. The patient's diagnoses per request for authorization dated 8/6/15 are scapular dyskenesia, neck pain, thoracic pain, low back pain. The patient is s/p unspecified sessions of physical therapy which is giving great improvement per 6/24/15 report. The patient is also icing throughout the day and alternating it with Lidoderm patches which helps significantly per 6/24/15 report. The patient has decreased use of Percocet due to the improvement from physical therapy per 6/24/15 report. The patient has increased pain but medications help pain to be tolerable per 4/22/15 report. The patient's work status is not included in the provided documentation. MTUS/ACOEM Chapter 12, Low Back, pg 303-305 in the section for Special Studies and Diagnostic and Treatment Considerations 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 - Lumbar & Thoracic (Acute & Chronic) Chapter under Radiography (x-rays) states: Not recommend routine x-rays in the absence of red flags. (See indications list below.) Indications for imaging, Plain X-rays: Thoracic spine trauma: severe trauma, pain, no neurological deficit; Thoracic spine trauma: with neurological deficit. 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." The treater does not discuss this request in the reports provided. Review of the reports dated 11/25/14 to 7/22/15 do not show any evidence of prior X-rays of the lumbar, thoracic, or shoulder. The patient is not reported to have acute trauma, head injury, drug or alcohol intoxication or neurologic compromise. The MTUS/ACOEM guidelines do not recommend lumbar radiographs in the absence of red flags, and do not recommend cervical radiographs for this patient's presentation. ODG guidelines also do not recommend shoulder radiographs as this patient does not present with acute trauma. The X-rays of the lumbar, thoracic, and shoulder are not indicated. Therefore, the request IS NOT medically necessary.