

<b>Case Number:</b>	CM15-0173810		
<b>Date Assigned:</b>	10/07/2015	<b>Date of Injury:</b>	12/08/2008
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	08/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal 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 55-year-old male, who sustained an industrial injury on 12-8-08. He reported back pain and right leg pain. The injured worker was diagnosed as having gastroesophageal reflux disease secondary to NSAIDs and hypertension with left atrial enlargement. Treatment to date has included medications including Amlodipine, Metoprolol, Simvastatin, Aspirin, Anusol HC, and Hypertensa. On 6-17-15 physical examination findings included clear lungs to auscultation, no rales or wheezes and no dullness to percussion. The heart rate and rhythm was regular and no rubs or gallops were noted. An electrocardiogram was noted to be normal. On 6-17-15, the injured worker complained of gastroesophageal reflux. On 6-17-15 the treating physician requested authorization for a chest x-ray. On 8-14-15, the request was non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### 1 Chest x-ray: 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), Pulmonary (Acute & Chronic) - 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) Pulmonary section, Chest x-ray.

**Decision rationale:** Pursuant to the Official Disability Guidelines, chest x-ray is not medically necessary. X-rays are recommended if cardiopulmonary findings by history/physical or chronic cardiopulmonary disease in the elderly (greater than 65). Routine chest x-rays are not recommended in asymptomatic patients with unremarkable history and physical. In this case, the injured worker's working diagnoses are gastroesophageal reflux; hypertension; sleep disorder; status post right inguinal hernia repair and hemorrhoids. Date of injury is December 8, 2008. Request for authorization is June 17, 2015. According to a June 17, 2015 progress note, the injured worker is being treated for gastroesophageal reflux disease. There is no chest pain, shortness of breath or other respiratory complaints. Objectively, lungs were clear to percussion and auscultation. There is no clinical indication or rationale for chest x-ray according to the guideline recommendations in the medical record progress note. There is no clinical indication for a routine chest x-ray. Based on clinical information the medical record, peer-reviewed evidence-based guidelines, and no clinical indication or rationale for chest x-ray, chest x-ray is not medically necessary.