

<b>Case Number:</b>	CM15-0023566		
<b>Date Assigned:</b>	02/13/2015	<b>Date of Injury:</b>	04/12/2013
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	01/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2015

### 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 47 year old female, who sustained an industrial injury on 4/12/13. She has reported initial complaints of severe injuries to the cervical spine, back and right shoulder after cases of soup fell on top of her. The diagnoses have included cervical spine pain rule out disc herniation, rule out Herniated Nucleus Pulposus (HNP), cervical spine strain/sprain, cervical spine spondylosis, chest pain and strain and incarcerated umbilical hernia. Treatment to date has included medications, physical therapy, home exercise program (HEP) and diagnostics. The diagnostic testing that was performed included X-ray of the cervical spine dated 2/27/14 that revealed cervical discogenic disease. Magnetic Resonance Imaging (MRI) of the lumbar spine that revealed posterior disc bulge, facet joint hypertrophy and bilateral exiting nerve root compromise is seen. The electromyography (EMG)/nerve conduction velocity studies (NCV) dated 9/6/13 of the bilateral upper extremities was unremarkable. Currently, as per the physician progress note dated 11/25/14, the injured worker complains of constant neck pain that radiates down bilateral shoulders to both hands with numbness with pain that also radiates down the spine to the right leg. The pain is rated 9/120 on pain scale which has increased from last visit which was 8/10. The objective findings revealed trigger points right cervical spine at trapezius with spasms noted. The current medications included Norco, Mentherm cream, Naproxen and Prilosec. Treatment plan was to continue with home exercise program (HEP), medications, re-fill medications, urinalysis and return in 4-6 weeks. The physician noted that per the patient surgery will be scheduled in February. The physician requested treatment included X-ray Chest 2 views front and lateral.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Xray Chest 2 views front and lateral:** 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 (updated 7/29/14) 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 Chapter, X-ray, Low Back Chapter, Preoperative Testing, general.

**Decision rationale:** Per the 10/30/14 report by [REDACTED] the patient presents with continued severe mechanical axial neck pain and bilateral arm radiculopathies. The current request is for X RAY CHEST 2 VIEWS FRONT AND LATERAL. The RFA is not included. The 01/28/15 utilization review references 4 RFAs from 08/21/14 to 01/22/15. As of 10/29/14, the patient is off work for 6 weeks. ODG Pulmonary Chapter, X-ray, has the following, "Recommended if acute cardiopulmonary findings by history/physical, or chronic cardiopulmonary disease in the elderly (> 65). Routine chest radiographs are not recommended in asymptomatic patients with unremarkable history and physical. A chest x-ray is typically the first imaging test used to help diagnose symptoms such as: shortness of breath, a bad or persistent cough, chest pain or injury and fever. (McLoud, 2006)" ODG, Low Back Chapter, Preoperative Testing, general, states, "Preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, urinalysis) is often performed before surgical procedures." "The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings." "Chest radiography is reasonable for patients at risk of postoperative pulmonary complications if the results would change perioperative management." Recent reports provided for review do not discuss the reason for this request. The 10/29/14 report by [REDACTED] states authorization is awaited for posterior fusion and instrumentation C4 to C7. The 11/25/14 Progress Report by [REDACTED] is handwritten and partially illegible, and states that surgery will be scheduled for February. In this case, the reports provided for review do not document acute cardiopulmonary findings by history/physical, chronic cardiopulmonary disease, shortness of breath, a bad or persistent cough, chest pain or injury and fever. Furthermore, the treating physician does not explain why this patient's clinical history requires chest x-rays or provide evidence that the patient is at risk of postoperative pulmonary complications. The request IS NOT medically necessary.