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| <b>Case Number:</b>   | CM15-0064258 |                              |            |
| <b>Date Assigned:</b> | 04/10/2015   | <b>Date of Injury:</b>       | 10/03/2013 |
| <b>Decision Date:</b> | 05/12/2015   | <b>UR Denial Date:</b>       | 03/24/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/03/2015 |

### 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: Florida

Certification(s)/Specialty: Family Practice

### 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 39-year-old male who sustained an industrial injury on 10/3/13. The diagnoses have included chronic low back pain, degenerative lumbar spondylosis, myofascial pain syndrome, chronic chest pain/local contusion, chronic left foot pain/local contusion and insomnia due to chronic pain. Treatment to date has included medications, diagnostics, home exercise program (HEP) and conservative measures. The current medications included Etodolac and Lidoderm patches. There were no diagnostics noted. Currently, as per the physician progress note dated 3/10/15, the injured worker complains of chronic pain in the chest back and left foot due to degenerative spondylosis of the lumbar spine. He states that he has partial pain relief with his current analgesic medications and that they help to maximize his level of physical function and improve his quality of life. It was noted that he did not fulfill the criteria for major depression but he did have affective/emotional pain component, which contributed to the chronic disabling pain syndrome. Treatment plan was to return to the clinic and behavioral medicine consultation. The physician requested treatments included X-Ray series of Thoracic Spine and X-Ray series of Cervical Spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**X-Ray series of Thoracic Spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Special studies and diagnostic treatment considerations Page(s): 303.

**Decision rationale:** MTUS guidelines state regarding ordering plain films for the evaluation of spine pathology, "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. However, it may be appropriate when the physician believes it would aid in patient management." This request is for x-rays of the cervical and thoracic spine. There is a prescription included in the provided documentation that is an order for these x-rays. The reason provided is partially legibly hand written and states "possible compression fracture." There is limited documentation as to why this physician believes that the patient might have a possible compression fracture. There is not adequate documentation to back up this request. Likewise, this request is not considered medically necessary.

**X-Ray series of Cervical Spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Special studies and diagnostic treatment considerations.

**Decision rationale:** MTUS guidelines state regarding ordering plain films for the evaluation of spine pathology, "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. However, it may be appropriate when the physician believes it would aid in patient management." This request is for x-rays of the cervical and thoracic spine. There is a prescription included in the provided documentation that is an order for these x-rays. The reason provided is partially legibly hand written and states "possible compression fracture." There is limited documentation as to why this physician believes that the patient might have a possible compression fracture. There is not adequate documentation to back up this request. Likewise, this request is not considered medically necessary.