

Case Number:	CM13-0017179		
Date Assigned:	12/11/2013	Date of Injury:	08/12/1994
Decision Date:	04/24/2014	UR Denial Date:	07/29/2013
Priority:	Standard	Application Received:	08/27/2013

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. The expert reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant is a 51-year-old female who was injured in a work related accident on August 12, 1994. The medical records provided for review included a December 19, 2013 correspondence noting the need for radiographs of the lumbar spine and thoracic spine. Accompanying the letter was the clinical assessment on September 26, 2013 by [REDACTED] with documented complaints from the claimant low back pain. The claimant was documented to be status post lumbar laminectomy with diagnosis of postlaminectomy syndrome and ongoing lumbar radiculopathy. The assessment documented that six months prior, a revision fusion procedure had occurred and now the claimant had increased complaints of pain to both the lumbar and thoracic spine. The examination showed a "palpable hard area in the back at about the T4 region," paraspinous muscle tenderness, positive straight leg raising and significantly reduced strength at 2/5 to the EHL, 3/5 to the anterior tibialis and 4/5 to the right EHL and anterior tibialis. Sensation was diminished to the left lateral thigh and shin. Working diagnosis was postlaminectomy syndrome with acute physical examination findings. Recommendations were for radiographic imaging of the thoracic and lumbar spine. There were no postoperative imaging reports for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-RAY LUMBAR SPINE, 2 VIEWS (2 VW): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Procedure

Decision rationale: Based on the ACOEM Guidelines and supported by the Official Disability Guidelines, a plain film radiograph of the lumbar spine would be warranted. The claimant's history of prior lumbar fusion with significant increased pain would support the role of postoperative imaging and assessment. The specific request in this case is medically necessary and appropriate.

X-RAY THORACIC SPINE (2 VIEWS): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Procedure

Decision rationale: Based on ACOEM Guidelines and the Official Disability Guidelines plain film a radiograph of the thoracic spine would be warranted. The claimant's current physical examination findings including a "palpable mass" to the thoracic spine and her history of prior lumbar fusion with significant increased pain would support the role of postoperative imaging and assessment. The specific request in this case is medically necessary and appropriate.