

Case Number:	CM13-0019651		
Date Assigned:	12/11/2013	Date of Injury:	02/28/2007
Decision Date:	01/29/2014	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	09/03/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation 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 physician 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 employee is a 45-year-old male who sustained a low back injury lifting luggage at an airport on 2/28/07. He continues to present with low back pain and right knee pain resulting from altered biomechanics. Per a report dated 12/7/12, the employee was still experiencing low back pain approximately 1 - 1 1/2 years following L4-L5 lumbar fusion surgery. A lumbar spine x-ray noted implants were in place but it was difficult to make a definitive assessment. A report dated 7/26/13 stated the employee continued to have ongoing low back pain radiating to both lower extremities with no change in clinical presentation. No neurological exam was documented. A two view lumbar spine x-ray was taken to show fusion at the site. The employee was started on physical therapy. AP and lateral x-ray of lumbar spine was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

AP and lateral x-ray of lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): s 303-304.

Decision rationale: According to the guidelines, criteria for ordering imaging studies such as the requested x-rays of the lumbar spine include: emergence of a red flag; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; and clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. In this case, review of the submitted medical reports for the employee's 2/28/07 low back injury have not adequately demonstrated the indication for the repeated lumbar spine x-rays, Previous multiple lumbar spine x-rays have shown intact L4-5 fusion of 2011. The submitted medical records do not document any specific clinical findings to support this imaging study, as multiple reports including a note dated 7/26/13 reported unchanged clinical symptoms of ongoing pain and did not document any neurological exam or deficits. The requested AP and lateral x-ray of lumbar spine is not medically necessary and appropriate.