

Case Number:	CM13-0024208		
Date Assigned:	04/25/2014	Date of Injury:	07/11/2013
Decision Date:	07/04/2014	UR Denial Date:	08/14/2013
Priority:	Standard	Application Received:	09/13/2013

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 Internal Medicine, 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 patient is a 39 year old female who was injured on 07/11/2013. Mechanism of injury is unknown. PR-2 dated 07/23/2013 documented the patient with complaints of pain in her lower back. She rates her pain as 10 on a numeric scale of 0-10. The patient reports her pain as moderate to severe and sometimes sharp in nature. The pain radiates into the right hip and into the right leg, down to the back of the right calf and increases with prolonged standing/ sitting/driving and when bending over while holding something heavy. She states she constantly has to keep shifting her weight when standing or sitting due to pain. The patient is wearing a back brace supplied by the company doctor. Examination of the lumbar spine reveals Valsalva, Kemp's, Facet test, Yeoman's and Milgram's test (IVD) are positive on both sides. SLR supine test is positive on the right. Reflexes for knees are normal bilaterally. Reflexes at ankles normal bilaterally. At levels T12 through S1, palpation reveals moderate paraspinal tenderness, muscle guarding and spasms bilaterally. At levels T12 through S1, palpation reveals moderate spinal tenderness. Lumbar spine range of motion reveals flexion 25 degrees bilaterally, extension 15 degrees bilaterally, lateral bending 10 degrees on the right and 15 degrees on the left, and rotation 15 degrees on the right and 20 degrees on the left. Diagnoses: 1. Sprain/strain lumbar. 2. Lumbar IVD displacement w/o myelopathy. 3. Lumbosacral neuritis/radiculitis. 4. Lumbar segmental dysfunction. Plan: I am requesting x-rays of the lumbar spine. UR report dated 08/14/2013 denied the request for x-ray of the lumbar spine due to the fact that current medications were not documented in the clinical records submitted with the request. There were no documented surgeries in the clinical records with this request. Diagnostic imaging and other therapies were not documented in the clinical records submitted with the request. Radiographs of lumbosacral spine are recommended when red flags for fracture are present and are not recommended in the absence of red flags. This medical file documents sprain/strain of lumbar and lumbosacral neuritis/radiculitis. Therefore, the medical file does not document that an x-ray of lumbar spine is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-RAY OF THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic, Radiography (x-rays).

Decision rationale: According to the California MTUS/ACOEM guidelines, "Lumbar 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." The Official Disability Guidelines recommend x-ray of the lumbar spine when there are red flags present. X-rays should not be ordered despite ongoing pain after 6 weeks of conservative therapy. Some examples of red flags include trauma with neurological deficit, or pain/tenderness with serious bodily injury. The medical records insufficiently document the indication for lumbar spine x-ray. There was no discussion of how the x-rays could potentially alter treatment. There was insufficient documentation of conservative therapies tried thus far and the employee's response to such therapies. Based on the Official Disability Guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.