

Case Number:	CM13-0026907		
Date Assigned:	03/19/2014	Date of Injury:	04/18/2007
Decision Date:	04/22/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	09/19/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 44 year old female with a date of injury of 04/18/2007. The listed diagnoses per [REDACTED] are: (1) Recurrence of thoracic intercostals pain in the level below previously operated area in the left T7-T8; (2) Status post lumbar fusion at L5-S1 in January 2011 with increased lower extremity radiculopathy; and (3) Possible recurrent cervical radiculopathy. According to report dated 08/26/2013 by [REDACTED], the patient was re-evaluated by QME [REDACTED] on 07/03/2013. [REDACTED] indicated "in reviewing the fusion, one of the screws appears to be loose and needs to be removed." He would like to review all of the testing to date, current MR, flexion, and extension x-rays of the lumbar and EMG of the lower extremities. The QME report by [REDACTED] was not provided for review. Progress report dated 06/17/2013 documents patient was in a car accident and has significant tenderness and spasm diffusely in the neck, mid and low back. She has moderate tenderness in the lumbar region. Straight leg raise is negative.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR SPINE FLEXION EXTENSION VIEWS, LATERAL POSITION AP (ANTERO-POSTERIOR) AND OBLIQUE IN SUPINE POSITION X-RAYS: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Radiography

Decision rationale: The patient presents with complaints of neck, mid and low back pain. The requesting physician is requesting an x-ray of the lumbar spine. The patient has had multiple surgeries and it would appear has had prior imaging. However, no imaging reports were provided for review. The MTUS and ACOEM Guidelines do not specifically discuss x-rays for the lumbar spine. However, ODG Guidelines has the following regarding radiograph x-rays, "not commended routine x-rays in the absence of red flags. Lumbar spine radiographs 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 persistent for at least 6 weeks." The QME, [REDACTED], is concerned about a possible loose screw that may need to be removed. In this case, an x-ray for further investigation would be warranted. Recommendation is for approval.