

Case Number:	CM13-0033388		
Date Assigned:	12/06/2013	Date of Injury:	05/08/2007
Decision Date:	03/06/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	10/09/2013

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 Illinois and Texas. 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 49-year-old male who reported an injury on 05/08/2007. The patient is diagnosed with chronic left knee pain, status post left knee arthroscopy in 2007, status post spinal cord stimulator placement in 2011, lower back pain, chronic right wrist pain, depression with anxiety, rule out lumbar instability, and rule out thoracic and lumbar spine stenosis. The patient was seen by [REDACTED] on 08/29/2013. The patient reported 8/10 left knee pain as well as 8-10/10 lower back pain. Physical examination revealed significant tenderness to palpation, negative straight leg raising bilaterally, weakness in bilateral lower extremities, and intact sensation. Treatment recommendations included 2 view x-rays of the thoracic spine, 4 view x-rays of the lumbar spine, and a CT myelogram of the thoracolumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 set of X-rays of the thoracic Spine (2 view): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: Chronic Pain Medical Treatment Guidelines /ACOEM Practice Guidelines state 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 6 weeks. As per the documentation submitted, the patient's injury was greater than 6 years ago to date and there is no indication of an acute traumatic event or a significant change in the patient's symptoms or physical examination findings. The patient's physical examination on the requesting date only revealed tenderness to palpation with global weakness in bilateral lower extremities. There was no indication of a neurological deficit. The medical necessity for the requested procedure has not been established. As such, the request is non-certified.

1 set of X-rays of the Lumbar Spine (4 view): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: Chronic Pain Medical Treatment Guidelines /ACOEM Practice Guidelines state 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 6 weeks. As per the documentation submitted, the patient's injury was greater than 6 years ago to date and there is no indication of an acute traumatic event or a significant change in the patient's symptoms or physical examination findings. The patient's physical examination on the requesting date only revealed tenderness to palpation with global weakness in bilateral lower extremities. There was no indication of a neurological deficit. The medical necessity for the requested procedure has not been established. As such, the request is non-certified.

CT Myelogram of the Thoracic Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: Chronic Pain Medical Treatment Guidelines/ACOEM Practice Guidelines state if physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause. Official Disability Guidelines state myelography is indicated for demonstration of the site of a cerebral spinal fluid leak, surgical planning, radiation therapy planning, diagnostic evaluation of spinal or basal cisternal disease, poor correlation of physical findings with MRI studies or a contraindication to an MRI. As per the documentation submitted, the patient's physical examination on the requesting date only revealed tenderness to palpation with global weakness in bilateral lower extremities. There is no documentation of a significant change in the patient's symptoms or physical examination findings that would indicate the need for follow-up imaging. There is also no evidence of a contraindication to an MRI study. The medical necessity has not been established. Therefore, the request is non-certified.