

Case Number:	CM13-0058703		
Date Assigned:	12/30/2013	Date of Injury:	11/16/2009
Decision Date:	09/05/2014	UR Denial Date:	11/28/2013
Priority:	Standard	Application Received:	11/27/2013

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 Pennsylvania. 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 57-year-old who injured her low back, neck and extremities in a work related accident on November 16, 2009. The report of an MRI of the lumbar spine dated July 18, 2011 showed diffuse disc bulging at L4-5 and L5-S1. The records provided for review include a clinical assessment on December 10, 2013 for a chief complaint of neck pain with radiating bilateral upper extremity pain, wrist and hand pain as well as low back complaints radiating to the right hip, and knees bilaterally. Objective findings on exam showed restricted cervical range of motion with tenderness to palpation, full range of motion noted about the elbows. Wrist examination showed no complaints of pain, negative Finkelstein's testing and positive Watson's testing bilaterally. Lower extremity examination showed a normal gait pattern with tenderness to palpation over the left sciatic notch. The hip examination showed full range of motion, no pain or weakness with resisted movements, neurologic examination intact to sensation, motor and reflexive examination of the upper and lower extremities. Diagnoses on that day were of cervical spine discogenic disease, CMC joint arthrosis of the right thumb, right carpal tunnel syndrome, lumbar discogenic disease and thoracic scoliosis. Recommendations were for continuation of physical therapy and imaging in the form of radiographs of the lumbar spine, right wrist and bilateral hips. There is no documentation of prior imaging reports of the hips or right wrist for review.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Low Back Procedure Summary, Indications for X-Rays.

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

Decision rationale: The Low Back Complaints Chapter of the American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines recommend lumbar radiographs for positive red flags indicating serious spinal pathology. The clinical records in this case indicate no acute clinical findings on examination of the lumbar spine in this individual who has already undergone previous lumbar MRI. The absence of acute clinical findings at present would fail to support the need for lumbar radiographs. Therefore, the request for an X-Ray of the lumbar spine is not medically necessary or appropriate.

X-ray of the right wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Forearm, Wrist and Hand Procedure Summary, Indications for X-Rays.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist and Hand Procedure Summary, Hand Procedure Radiography.

Decision rationale: The CA MTUS and ACOEM Guidelines do not address this request. When looking at Official Disability Guidelines, right wrist radiographs would also not be indicated. The claimant's current physical examination demonstrates no indication of acute clinical pathology that would warrant or necessitate radiographs at this stage in clinical course of care. The absence of acute clinical finding coupled with the claimant's chronic working diagnoses would not indicate plain film radiographs. The request for an X-ray of the right wrist is not medically necessary or appropriate.

X-ray of the hips: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Hip & Pelvis Procedure Summary, Indications for X-Rays.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip & Pelvis Procedure Summary, Hip Procedures - X-Ray.

Decision rationale: The CA MTUS and ACOEM Guidelines do not address hip x-rays. When looking at the Official Disability Guidelines, radiographs of the hip would also not be indicated.

The claimant's recent physical examination while demonstrating acute low back subjective complaints fails to demonstrate any degree of objective finding on hip examination that would indicate the acute need of further imaging. The specific request for radiographs of the claimant's hips at this stage in clinical course of care in absence of clinical finding would not be indicated. The request for an X-ray of the hips is not medically necessary or appropriate.

X-ray of the bilateral knees: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Knee and Leg Procedure Summary, Indications for X-Rays.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 347.

Decision rationale: The Knee Complaints Chapter of the ACOEM Practice Guidelines does not recommend x-rays of the bilateral knees in this case. ACOEM Guidelines support radiographs in the presence of red flags or change in physical condition. The clinical records in this case indicate no acute findings on examination of the bilateral knees. The absence of acute clinical findings at present would fail to support the need for x-rays of the bilateral knees. The request for an X-ray of the bilateral knees is not medically necessary or appropriate.