

Case Number:	CM13-0059345		
Date Assigned:	12/30/2013	Date of Injury:	11/28/2012
Decision Date:	04/14/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/02/2013

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 Pain Management, and is licensed to practice in Texas and Ohio. 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 51-year-old who reported injury on 11/28/2012. The mechanism of injury was noted to be the patient was operating a forklift down an isle and a coworker was coming towards him with a push broom. His space was noted to be limited and as the patient drove the forklift down the isle the coworker gave him the okay to pass as the patient began to drive the patient's left foot was caught on a stack of large foam bags causing his left foot to twist. Documentation of 11/08/2013 revealed the patient had a mild palpable cathodic deformity in the mid thoracic spine and tenderness to the lumbar spine. The patient's diagnoses were noted to include lumbar spine sprain/strain and the request was made for x-rays of the lumbar spine and thoracic spine with flexion and extension studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

A FLEXION/EXTENSION X-RAY OF THE THORACIC AND 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): 303-305.

Decision rationale: According to the Low Back Complaints Chapter of the ACOEM Practice 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 6 weeks. However, it may be appropriate when the physician believes it would aid in patient management. There was a lack of documentation indicating that the x-ray would assist the physician in patient management. The request for a flexion/extension x-ray of the thoracic and lumbar spine is not medically necessary or appropriate.