

Case Number:	CM13-0062633		
Date Assigned:	12/30/2013	Date of Injury:	08/09/2011
Decision Date:	04/03/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/06/2013

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 & 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 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 44-year-old male with date of injury of 08/09/2011. The listed diagnoses per [REDACTED] dated 08/01/2013 are:(1) Lumbar facet syndrome,(2) Lumbar discogenic pain,(3) Thoracic myelopathy,(4) Chronic pain syndrome,(5) Lumbar strain or sprain,(6) Lumbosacral radiculopathy,(7) Possible right lower quadrant or inguinal hernia. According to a progress report dated 08/01/2013, the patient complains of low back pain noting preexisting probable thoracic myelopathy and a history of thoracolumbar spine/abdominal surgery from 1992 with probable residual foot drop on right. Objective findings show consistent impression with foot drop secondary to myelopathy with pain syndrome more likely attributed to the fall and secondary radicular and mechanical pain. The patient is status post thoracic lumbar fusion with hardware at T11 to L2 per a 2011 MRI scan. The treater is requesting an x-ray of the lumbar spine.

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: Overturned

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.

Decision rationale: ACOEM Guidelines state that "lumbar spine x-ray 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 or lasted 6 weeks. Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." The treater's requesting progress report was not made available for review. A progress report dated 08/01/2013 notes that the patient's last MRI and X-rays were from 2011. In this case, the patient continues to experience back pain and the treater wants to rule out instability after post surgical T11-L2 fusion. Given that the last x-ray was from 2011 the treater's request is reasonable. Therefore, the request for an x-ray of the lumbar spine is medically necessary and appropriate.