MAXIMUS Federal Services

Case Number:	CM14-0001454		
Date Assigned:	01/17/2014	Date of Injury:	10/22/2013
Decision Date:	03/25/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	01/03/2014

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, has a subspecialty in Internal 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 51 year old male with date of injury on 10/22/2013. The doctor's first report dated 11/05/2013 indicates that the patient's diagnoses include: (1) Cervical spine sprain/strain rule out disk pathology, (2) Lumbar spine sprain/strain rule out disk pathology, (3) Hernia on right side, 4) Right eye pain, (5) Psych and sleep problem. The patient reported that he was cutting some branches with a chainsaw and a large branch bounced back and hit him in the face. The patient reported neck pain radiating into the upper back and tingling, low back pain radiating into the right leg, intermittent pain on the right side of the forehead, intermittent pain on the right testicle/hernia, with pain radiating into the right groin area. Exam findings included tenderness to palpation of the cervical paraspinal muscles, limited range of motion of the cervical spine, positive cervical destruction, positive shoulder depression, tenderness and spasm of the lumbar paraspinal, limited range of motion of the lumbar spine, positive straight leg raise on the right, positive Kemp's bilaterally. Recommendation is for x-rays of the cervical and lumbar spine. Utilization review letter dated 12/12/2013 issued non-certification of the lumbar spine x-rays.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: The patient continues with low back pain radiating into the right lower extremity. Date of injury was on 10/22/2013 following a trauma to the face. The records do not appear to indicate the patient had significant trauma recently to the lumbar spine. ACOEM Guidelines page 303 states that 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. ODG guidelines support X-rays of L-spine in non-trauma for patients over age 70, osteoporosis or on oral steroids. X-rays may be obtained if tumor or infection is suspected as well. In this case, there are no such suspicions. There was no trauma to the L-spine. Recommendation is for denial.