

Case Number:	CM14-0002900		
Date Assigned:	01/10/2014	Date of Injury:	02/15/2009
Decision Date:	07/23/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/09/2014

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 Occupational Medicine has a subspecialty in Preventive Medicine 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of February 15, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; adjuvant medication; psychotropic medication; reportedly normal electrodiagnostic testing of the bilateral lower extremities of May 15, 2009; two epidural steroid injections; and a TENS unit. On December 12, 2013, the applicant was described as reporting persistent low back pain, reportedly imputed to cold weather. The applicant stated that her activity level had decreased and that her quality of sleep was poor. The applicant was on baclofen, Lexapro, Lidoderm, Pamelor, omeprazole, Dilaudid, Lyrica, Naprosyn, and Icy Hot Medicated rolls as of that point in time, it was stated. The applicant had had earlier lumbar spine pain films of September 2011 demonstrating mild lumbar spondylosis, CT scan of lumbar spine of September 2011, also demonstrating spondylosis, and MRI imaging of lumbar spine of July 2011, again negative for any acute finding with no evidence of disk extrusion or neurocompression, it was stated. The applicant exhibited a BMI of 31. The applicant exhibited an antalgic gait requiring usage of cane. Limited lumbar range of motion was noted with both central and paraspinal tenderness appreciated. The applicant was reportedly having severe tenderness over the sacroiliac spine. Additional acupuncture, knee steroid injection, and multiple medications were renewed. It was stated that the applicant as not working with permanent limitations in place. In a progress note dated November 14, 2013, the applicant was again described as not working with permanent limitations in place. Persistent complaints of low back pain were evident. The applicant was described once again as having had an earlier lumbar MRI of July 25, 2012 demonstrating minor degenerative changes with no evidence of neuroimpingement appreciated. It was stated that the

applicant had significant weakness about the left lower extremity on exam. It was stated that the applicant's knee had given out. The applicant attributed her left lower extremity weakness to her left knee issues. It was stated that the applicant had fallen and struck her back and head. X-rays of the lumbar spine were apparently ordered to rule out an acute fracture. These were reportedly unremarkable, per the attending provider.

IMR ISSUES, DECISIONS AND RATIONALES

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

URGENT X-RAY 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 Page(s): 309.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-8, page 309, radiographs of the lumbar spine are "recommended" when red flags for fracture are present. In this case, the applicant apparently sustained a slip and fall injury and fell to the ground, striking her back. The attending provider stated that he suspected an acute fracture of the lumbar spine, given the applicant's heightened complaints of pain. This is an appropriate indication for MRI imaging, per ACOEM. Therefore, the request for urgent x-ray lumbar spine is medically necessary.