

Case Number:	CM14-0101207		
Date Assigned:	07/30/2014	Date of Injury:	11/18/2010
Decision Date:	08/29/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/01/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 50-year-old female who reported an injury on November 18, 2010. The mechanism of injury was not provided. The injured worker had diagnoses of lumbar disc disease with myopathy, spinal stenosis of the lumbar spine, and lumbar radiculopathy. Past treatment included work modification, medications, 12 physical therapy, chiropractic therapy, and lumbar epidural steroid injection, with no lasting benefit. Diagnostic studies included MRI of the lumbar spine on April 9, 2013 which demonstrated L4-5 spinal stenosis with lateral recess stenosis and x-ray demonstrated 4.5 mm anterolisthesis of L4 on L5 from an unknown date. No surgical history was provided. The injured worker complained of continued low back pain with pain radiating into the posterior aspect of the bilateral thighs. The current rate of pain was 9/10. The injured worker continues to await authorization for lumbar spine surgery. Upon exam of the musculoskeletal system, the range of motion, flexion, and extension were limited due to pain in the lumbosacral region. The injured worker had diminished sensation to light touch and pinprick over the lateral calves. The injured worker's current medications included gabapentin 600 mg 1 tablet at night. The treatment plan is for 1 x-ray of the lumbar spine with anterior and posterior/lateral/flexion and extension views. The rationale was not provided. The request for authorization was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

One x-ray of the lumbar spine with anterior-posterior/lateral/flexion/extension views:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment for Workers Compensation, online edition, Low Back-Lumbar & Thoracic Chapter.

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

Decision rationale: The injured worker has a history of low back pain. The California MTUS/ACOEM Guidelines state 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. An x-ray was performed with an unknown date and results. It is unclear why a repeat x-ray is being requested. The injured worker is being considered for spinal fusion. An x-ray of flexion and extension would be considered. There is no medical necessity for a four sided view at this time. As such, the request is not medically necessary.