

Case Number:	CM14-0012874		
Date Assigned:	02/24/2014	Date of Injury:	08/03/2009
Decision Date:	07/29/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	01/31/2014

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 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 patient is a 60-year-old female who has submitted a claim for right-sided lumbar radiculopathy associated with an industrial injury date of August 3, 2009. Medical records from 2013 were reviewed. The patient complained of persistent low back and right hip pain. The pain radiates to the right posterior thigh and calf towards the foot. There was burning to the bottom of both feet, right more than the left. There was also tingling paresthesias in the medial aspect of the right foot. Physical examination showed wide based gait and prominent limp in the right leg. Tip-toe and heel walking cannot be done. Lumbar spine range of motion was reduced to about 25% of normal. Deep tendon reflexes were absent on the ankles and patellae. Motor strength and sensation was intact. MRI of the lumbar spine, dated June 14, 2011, revealed severely degenerated, collapsed disc at L5-S1 which was almost bone on bone with modic changes and bilateral foraminal stenosis, and facet hypertrophy and early lateral recess stenosis at L4-L5. Treatment to date has included medications, physical therapy, and activity modification. Utilization review, dated January 21, 2014, denied the request for x-ray lateral with flexion and extension view lumbar. Reasons for denial were not made available.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-Ray - lateral with flexion and extension view lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Radiography (X-rays).

Decision rationale: CA MTUS ACOEM 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 six weeks. However, it may be appropriate when the physician believes it would aid in patient management. In addition, according to ODG, indications for x-rays include lumbar spine trauma; uncomplicated low back pain due to trauma, steroids, osteoporosis, age > 70; myelopathy that is traumatic, painful, sudden in onset; or post-surgery, to evaluate the status of fusion. In this case, patient complained of low back pain that radiates to the right lower extremity. Rationale for the request was because radiological studies were old and patient was seeking a surgical solution to her problem. However, subjective and objective findings presented do not support worsening of symptoms that may warrant additional radiographic imaging. Furthermore, there is no evidence of new injuries that may support utilization of X-rays. Progress notes also do not show recent surgery. A lumbar MRI of from June 14, 2011 revealed severely degenerated, collapsed disc at L5-S1 with bilateral foraminal stenosis, and facet hypertrophy and early lateral recess stenosis at L4-L5. It is unclear as to why a lumbar X-ray is necessary at this time. Therefore, the request for X-Ray - lateral with flexion and extension view lumbar is not medically necessary.