MAXIMUS Federal Services

Case Number:	CM14-0018431		
Date Assigned:	04/18/2014	Date of Injury:	01/28/2002
Decision Date:	06/30/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/13/2014

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 and Rehabilitation, 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:

This 37-year-old patient sustained an injury on January 28, 2002 while employed by [redacted]. Request(s) under consideration include one x-ray series of the lumbar spine. The patient continues to treat for chronic neck and low back pain. Report of January 17, 2014 from the provider noted patient with neck spasm, pain radiating to head/temple, ear, and face and down right arm to 3rd-5th digits bilaterally; low back pain radiates to hips down lateral aspect of legs bilaterally. Exam of the lumbar spine showed flex and ext about 75% of normal without reporoducible pain; tenderness over paraspinal areas; normal gait and stance; no equipment needed for ambulation; heels and toes walking without difficulty; negative Faber, shear testing bilaterally with positive SLR. Treatment plan included x-rays, MRI of lumbar spine, MS Contin, Norco, and greater occipital nerve block. Request(s) for 1 x-ray series of the lumbar spine was non-certified on February 4, 2014 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 X-RAY SERIES OF THE LUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM GUIDELINES, CHAPTER 12- LOW BACK COMPLAINTS, 303

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004) , 12-LOW BACK COMPLAINTS, IMAGING, 303-304

Decision rationale: This 37-year-old patient sustained an injury on January 28, 2002 while employed by Kkw Trucking Inc. Request(s) under consideration include 1 X-RAY SERIES OF THE LUMBAR SPINE. The patient continues to treat for chronic neck and low back pain. Report of January 17, 2014from the provider noted patient with neck spasm, pain radiating to head/temple, ear, and face and down right arm to 3rd-5th digits bilaterally; low back pain radiates to hips down lateral aspect of legs bilaterally. Exam of the lumbar spine showed flex and ext about 75% of normal without reporoducible pain; tenderness over paraspinal areas; normal gait and stance; no equipment needed for ambulation; heels and toes walking without difficulty; negative Faber, shear testing bilaterally with positive SLR (straight leg raise). Treatment plan included x-rays, MRI of lumbar spine, MS Contin, Norco, and greater occipital nerve block. According to the Low Back Complaints Chapter of the ACOEM Practice Guidelines, criteria for ordering imaging studies such as the requested X-rays of the lumbar spine include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports have not adequately demonstrated the indication for the Lumbar spine x-rays nor document any specific clinical findings to support this imaging study as reports noted unchanged clinical symptoms of ongoing pain without any neurological deficits. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The request for one x-ray series of the lumbar spine is not medically necessary or appropriate.