

Case Number:	CM14-0121220		
Date Assigned:	08/06/2014	Date of Injury:	11/08/2007
Decision Date:	09/23/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	07/31/2014

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 Preventative Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 patient is a 46-year old male employee with date of injury of 11/8/2007. A review of the medical records indicates that the patient is undergoing treatment for lumbosacral strain; residual pain status-post right foot surgery 12/2012; right lower extremity complex regional pain syndrome; right hip pain; right inguinal pain; lumbar spinal strain; lumbar disc protrusion, L5-S1, with right neural foraminal stenosis on right existing nerve root and status-post bilateral elbow contusion. Subjective complaints include severe, sharp, throbbing, stabbing low back, right foot and right hip pain. He has constant, sharp stabbing right groin pain. Objective findings include: a swollen, tender right foot, "a right S1 nerve dysfunction" from an undated EMG; MRI from 10/6/2012 indicated "at L5-S1, a 2 mm posterior disc bulge with encroachment on the foramina, right greater than left, compromise of the exiting right nerve root."; 1+ lumbar paraspinal muscle spasm and tenderness. Treatment has included medications and physical therapy with no relief, acupuncture, and five lumbar epidural steroid injections. He uses a cane and takes naproxen and uses teracin patches. The utilization review dated 7/23/2014 non-certified the request for Radiography for lumbar spine flexion and extension views.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiography for lumbar spine - flexion and 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) Low Back (updated 07/03/14) Radiography (x-rays).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315.

Decision rationale: MTUS and ODG both agree 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." The patient's injury occurred in 2007 and results of previous x-rays of the lumbar spine are not detailed in the medical documents provided. The medical notes provided did not document (physical exam, objective testing, or subjective complaints) any red flags for serious spinal pathology or other findings suggestive of the pathologies outlined in the ODG guidelines. In addition, ODG states that, "it may be appropriate when the physician believes it would aid in patient management". The treating physician also does not indicate how the x-ray would "aid in patient management" and does not document a new injury or a reinjure. The treating physician has not provided documentation to meet ACOEM and ODG guidelines. As such, the request for Radiography for lumbar spine flexion and extension views is not medically necessary.