

Case Number:	CM14-0137754		
Date Assigned:	09/05/2014	Date of Injury:	07/19/2014
Decision Date:	11/21/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	08/26/2014

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 Arizona & 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 injured worker is a 59-year-old male who reported an injury on 07/18/2014. The injured worker was caught in between a detached trunk of a large truck and a wall. He was pinched by a corner of the trunk to the right hip, abdomen, and groin area. He pushed the trunk away and managed to escape. He developed soreness and scrapes in the lower abdominal area. He continued with on and off pain, which was increased with activity. However, on 07/18/2014, after he had moved an estimated more than 11,000 pounds of loads, the pain increased in the right abdomen and lower back. The physical examination on 08/12/2014 revealed complaints of lower back pain that radiated into the right leg and hip, and to the front of the leg down to the knee and occasionally to the foot. There were complaints of numbness, tingling, and burning in the right thigh. The patient reported that his right leg felt weaker and it felt like he was dragging it. There were complaints of right abdominal pain. The injured worker complained of neck pain, right side more than the left. There were also complaints of numbness and tingling in the right arm. There were complaints of left arm tingling and numbness constantly from the elbow down to the 4th and 5th fingers. The injured worker sustained a head trauma in 2003 during a motor vehicle accident with loss of consciousness. He developed anxiety following the accident. He sustained another traumatic injury in 2009 when he fell on the tile floor, developing subdural hematoma followed by a single episode of seizure approximately 2 months later. He underwent L4-S1 fusion in 2007. He had a right inguinal hernia operation in 2011. He was diagnosed with diabetes mellitus type 2 for 15 years. The examination of the right shoulder revealed a negative impingement sign. There was a positive Tinel's sign at the left cubital tunnel. The straight leg raise sign was negative bilaterally. There was no palpable hernia on coughing. Muscle testing was 5/5 throughout. Sensory examination revealed decreased light touch and temperature sensation in the left C8-T1 versus ulnar nerve distribution. Deep tendon reflexes were +2, with

absent left ankle jerk. There was a negative Babinski. The diagnoses were contusion to the right abdominal wall - rule out recurrent hernia, rule out internal derangements in the abdomen and right lower quadrant; musculoligamentous sprain/strain of the cervical spine with radicular components; musculoligamentous sprain/strain of the lumbosacral spine with radiculopathy; and rule out compression neuropathy of bilateral upper extremities. The treatment plan was for an ultrasound of the lower abdomen/groin, x-rays of the cervical spine and lumbar spine, a nerve conduction study and EMG of the bilateral upper extremities, and acupuncture 2x3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar spine X-rays, flexion/extension views: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287.

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

Decision rationale: The decision for lumbar spine x-rays, flexion/extension views is medically necessary. The California ACOEM states 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. Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. On the physical examination dated 08/12/2014, the injured worker had an absent left ankle jerk. On the sensory examination, there was decreased light touch and temperature sensation in the left C8-T1 versus ulnar nerve distribution. The clinical documentation submitted for review does provide evidence to support the decision for lumbar spine x-rays, flexion/extension views. Therefore, this request is medically necessary.