

Case Number:	CM14-0150421		
Date Assigned:	09/18/2014	Date of Injury:	03/12/2014
Decision Date:	11/13/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/15/2014

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, has a subspecialty in Pain & Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring 03/12/14 when, while working as a site attendant and performing repetitive activities including forceful gripping, she had increasing left forearm, wrist, and thumb pain with left forearm swelling. She also had right knee pain attributed to standing. She was seen on 05/13/14. Imaging of the left wrist had shown degenerative changes with a partial tear. An MRI of her knee had shown patellar tendinitis. Physical examination findings included left wrist and thumb tenderness with positive Finkelstein's test. There was left knee prepatellar tenderness. She was seen for an orthopedic evaluation on 08/14/14. She was having left shoulder, right knee, back, and bilateral forearm, wrist, and hand pain rated at 4/10. Her history of injury was reviewed. She had worked the day before at modified duty. She was in physical therapy without benefit. Medications were Gabapentin 100 mg two times per day and Tramadol /Acetaminophen one time per day. Medications had included Advil and Aleve. Physical examination findings included lumbar paraspinous muscle tenderness with decreased and painful range of motion. There was normal strength and sensation. Testing included x-rays of the lumbar spine with multiple views which were negative. Authorization for additional testing was requested. Gabapentin and Tramadol ER were prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-RAY LUMBAR SPINE SEVEN VIEWS: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), Radiography (x-rays)

Decision rationale: The claimant is more than six months status post work-related injury and continues to be treated for pain involving multiple body parts. When seen by the requesting provider, physical examination findings included lumbar paraspinal muscle tenderness with decreased and painful range of motion with normal strength and sensation. Applicable criteria for obtaining a lumbar spine x-ray are trauma or if there are 'red flags' such as suspicion of cancer or infection. In this case, there is no identified acute injury or 'red flag' and therefore the lumbar spine X-rays were not medically necessary.