MAXIMUS Federal Services

Case Number:	CM14-0153281		
Date Assigned:	09/23/2014	Date of Injury:	02/01/1999
Decision Date:	10/29/2014	UR Denial Date:	08/23/2014
Priority:	Standard	Application Received:	09/19/2014

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:

The patient is a 61-year-old male who was injured on 02/01/1999 due to lifting sustaining an injury to his neck, back and right upper extremity. Orthopedic re-evaluation note dated 07/28/2014 states the patient presented with continued stiffness and pain to his cervical spine. He also complained of persistent and increasing pain to his lumbar spine radiating down both lower extremities with numbness and tingling and weakness to the legs. On exam, his findings were unchanged from previously revealing tenderness to palpation over the paraspinal musculature of the cervical spine, with spasticity. Range of motion revealed flexion to 27 degrees; extension to 9 degrees; right bending is to 214 degrees and left bending is to 12 degrees. Straight leg raise is positive bilaterally at 40 degrees as well as Lasegue testing is positive bilaterally. The patient is diagnosed with failed back syndrome, lower extremity radiculopathy, and status post lumbar spine surgery with residual symptoms. The patient has been recommended to obtain lateral flexion and extension view x-rays of the lumbar spine. Authorization for lumbar fusion and medications are also requested. Prior utilization review dated 08/23/2014 by [redacted] states the request for X-Ray Exam L-S Spine 2/3 VWS is denied, as medical necessity has not been established. The request is associated with the surgical request, which was non-certified. Therefore, the X-Ray request is also non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-RAY EXAM L-S SPINE 2/3 VWS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back procedure summary, indications for plain x-rays

Decision rationale: Guidelines do not recommend routine x-rays in the absence of red flags. Prior utilization review dated 08/23/2014 states the request for X-Ray Exam L-S Spine 2/3 VWS is denied as medical necessity has not been established. The request is associated with the surgical request, which was non-certified. Since the surgical request is non-certified and there is no red flag symptoms, the medical necessity is not established for this request.