

Case Number:	CM14-0159964		
Date Assigned:	10/03/2014	Date of Injury:	01/07/2004
Decision Date:	11/24/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	09/29/2014

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, has a subspecialty in Interventional Spine 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 57 year old male with an injury date of 01/07/04. Based on the 07/02/14 progress report, the patient complains of low back pain, right/left shoulder pain, neck pain, mid-back pain, and sleeping difficulty. He continues to have depression and anxiety due to his pain. The patient rates his current pain as a 5/10 with medications and an 8-9/10 without medications. The 08/08/14 report states that his neck pain radiates down the right upper extremity. He has numbness in the left first, second, and third fingers as well as weakness in the left upper extremity. The 08/29/14 report indicates that the patient has moderate discomfort on palpation over the midcervical spine. On 04/28/13, the patient had a lumbar fusion L4 to sacrum and he is currently in post-operative pain. The patient's diagnoses include the following: 1. Status post closed head injury with concussion, resolved without residual complaints. 2. Status post lumbar surgery fusion L4 to S1 on 04/28/13 3. Right shoulder strain with impingement 4. Bilateral hip pain, left greater than right, likely radicular pain from diagnoses number two 5. Status post C3-C6 fusion 6. Upper thoracic strain 7. Aggravation of high blood pressure due to chronic pain/stress 8. Secondary depression and anxiety due to chronic pain from the above diagnoses 9. Insomnia due to chronic pain 10. Left shoulder pain, compensable consequence, due to chronic right shoulder and arm difficulty 11. Aggravation of GERD and hemorrhoids due to chronic use of opioids. The utilization review determination being challenged is dated 09/17/14. Treatment reports were provided from 04/22/14- 08/29/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray, Lumbar Antero-posterior/lateral: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 chapter, under radiography

Decision rationale: According to the 07/02/14 report, the patient presents with low back pain, right/left shoulder pain, neck pain, mid-back pain, and sleeping difficulty. The request is for an x-ray lumbar antero-posterior/lateral. The report with the request was not provided. The documents provided do not indicate of any previous x-ray the patient may have had. ODG Guidelines on the low back chapter, under radiography states that x-rays are "Not recommend routine x-rays in the absence of red flags... Lumbar spine radiography 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." This patient does not present with any red flags nor are there any discussions provided as to why an x-ray is needed. Recommendation is for denial.