

Case Number:	CM14-0174641		
Date Assigned:	10/27/2014	Date of Injury:	06/13/2012
Decision Date:	12/03/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/21/2014

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 management 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:

This is a patient with a date of injury of June 13, 2012. A utilization review determination dated September 25, 2014 recommends denial for x-rays of the lumbar spine and sacroiliac joint. Denial was recommended due to lack of complaints and objective findings related to the sacroiliac joint and lack of progression of symptoms and findings since the patient's most recent x-ray. A progress report dated August 20, 2014 identifies subjective complaints of pain in the lumbar spine and pain in the right hand. The patient also gets headaches 3-4 times per week. Physical examination findings reveal tenderness to palpation around the paraspinal muscles with pain upon some range of motion testing. Diagnoses include lumbar spine sprain/strain, posttraumatic headache, right wrist ganglion cyst, scapholunate tear of the right wrist, right wrist internal derangement. The treatment plan recommends a Spanish interpreter, bilateral upper extremity nerve conduction velocity/EMG study, referral for the patient's right wrist/hand, and updated MRI and x-ray of the lumbar spine in preparation for referral to pain management. The note states that the patient cannot go to pain management specialist for possible epidural injection unless his "pictures are updated. His studies are over 2 years old at this point."

IMR ISSUES, DECISIONS AND RATIONALES

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

1 X-ray of the Lumbar Spine with 7 Views and Sacroiliac Joint: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Radiography (X-rays)

Decision rationale: Regarding request for lumbar spine x-ray, Occupational Medicine Practice Guidelines state that 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. Guidelines go on to state that subsequent imaging should be based on new symptoms or a change in current symptoms. Within the documentation available for review, it is clear the patient has had substantial imaging already provided in the form of MRI and x-ray. There is no statement indicating how the patient's symptoms or findings have changed since the time of the most recent imaging. Additionally, the requesting physician has not stated how his medical decision-making will be changed based upon the outcome of the currently requested lumbar x-ray. In the absence of clarity regarding those issues, the currently requested lumbar x-ray is not medically necessary.