

Case Number:	CM14-0021026		
Date Assigned:	02/21/2014	Date of Injury:	08/13/2009
Decision Date:	07/24/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/08/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California and Maryland. 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 48-year-old male with a 8/13/09 date of injury, when he lifted a heavy 50 pound bucket of ink, injuring his neck, back, and right knee. Progress note dated 12/9/13 described neck pain, back pain radiating into both legs, and right knee pain with buckling. The patient has stress and anxiety. Clinically there is reduced range of motion of the cervical spine and lumbar spine, positive straight leg raising and tenderness to palpation. Right knee examination revealed normal range of motion, but tenderness in the medial and lateral joint line with positive McMurray's. The 6/18/13 and 7/8/11 magnetic resonance imaging of the lumbar spine were reviewed. The patient also underwent electrodiagnostic studies of the lower extremities on 4/26/11 and 6/27/13. Most recent electrodiagnostic studies revealed moderate bilateral L4, L5, and S1 sensory radiculopathy. The most recent progress note on 1/13/14 described ongoing cervical spine, lumbar spine, and right knee pain. There was reduced lumbar and cervical spine range of motion with tenderness. Straight leg raising was positive on the right.

IMR ISSUES, DECISIONS AND RATIONALES

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

XRAYs: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back Chapter.

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 chapter; radiography.

Decision rationale: The medical necessity for x-ray of the lumbar spine is not established. The patient had magnetic resonance imaging studies in 2011 and 2013. The date of injury is 8/13/2009, and there is no documentation of a new injury. California MTUS & ODG states that 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 six weeks. The patient has no focal neurological deficits on physical examination and utility of additional imaging, including lumbar spine x-ray has not been adequately discussed. The request is not substantiated.