MAXIMUS Federal Services

Case Number:	CM14-0030119		
Date Assigned:	06/20/2014	Date of Injury:	12/26/2008
Decision Date:	07/21/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/10/2014

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 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 47-year-old male with a date of injury of 12/26/2008. The listed diagnoses per [redacted] are:1. Cervical myelopathy. 2. Lumbar spondylosis. According to progress report 01/22/2014 by [redacted], patient presents with chronic neck and low back pain. Patient reports weakness in his legs and has numbness in his fingers. Examination revealed "good capillary refill of both upper and lower extremity, symmetrical chest rise, and slow heel/toe gait." MRI of the lower back from June 2013 was reviewed. Per treating physician, the images showed evidence of spondylosis with disk degeneration from L3 to S1 with disk space narrowing, annular tears of L4-L5 and L5-S1 disks. "He does not have significant central stenosis, but in axial slices, he has evidence of bilateral foraminal stenosis at L4-L5 and right foraminal stenosis at L3-L4." The medical file provided for review does not provide a request for an x-ray of the lower spine. Utilization review denied this request on 02/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-Ray of lower spine disk: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines X rays, lumbar spine, ODG guidelines.

Decision rationale: The MTUS and ACOEM Guidelines do not specifically discuss x-rays for the lumbar spine. However, ODG Guidelines has the following regarding radiograph x-rays; "Not commended routine x-rays in the absence of red flags. Lumbar spine radiographs 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 persistent for at least 6 weeks." In this case, the patient does not present with serious bodily injury, neurological deficit from trauma or suspected fracture to warrant an x-ray of the lumbar spine. Furthermore, the patient has had extensive work up including an x-ray and three MRIs of the lumbar spine. It is unclear what further investigation would accomplish. Therefore the request is not medically necessary.