

Case Number:	CM14-0036079		
Date Assigned:	06/23/2014	Date of Injury:	08/11/2010
Decision Date:	08/14/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	03/24/2014

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 Pain Medicine, and is licensed to practice in Texas. 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 injured worker is a 54-year-old male injured on 08/11/10 when involved in a motor vehicle collision. The injured worker is status-post L4-5, L5-S1 anterior fusion on 08/27/12 and status-post left knee ACL reconstruction and meniscectomy on 05/04/12. Additionally, the injured worker sustained inguinal hernia as a result of seatbelt injury. Previous treatments include cervical facet nerve blocks, lumbar medial branch blocks, transforaminal epidural steroid injections, right sacroiliac joint injection, cognitive behavioral therapy, functional rehabilitative program, acupuncture, physical therapy, and medication management. Documentation indicates MRI of the C-spine performed on 04/24/13 revealed reverse lordosis, apex at C4-5 with degenerative changes of the cervical spine, mild canal stenosis C4-C5, neural foraminal narrowing C3-4 through C6-7. CT L-spine without contrast on 03/16/12 revealed extensive annular disruption at L4-5 and L5-S1 with no critical spinal or foraminal stenosis, coalescent left dorsal lateral and dorsal L3-4 annular fissure. MRI of the lumbar spine was performed on 03/21/11. Current diagnoses include post-lumbar laminectomy syndrome, lumbar facet syndrome, cervical facet syndrome, cervical spondylosis, knee pain, spinal degenerative disc disease, disc disorder of the cervical spine, sacroiliac pain, and radiculopathy. Clinical note dated 03/05/14 indicates the injured worker presented complaining of low back ache, bilateral shoulder pain, and abdominal pain rated at 7/10 on the visual analog pain scale. The injured worker also reports poor quality of sleep. Medications include Colace, Duragesic patch, Ambien, Cymbalta, Zanaflex, and Oxycodone. Physical examination of the lumbar spine revealed restricted range of motion, paravertebral spasms, tenderness and tight muscle band noted bilaterally, spinous process tenderness noted at L5, ability to walk on heels however not on toes, Gaenslen's positive, lumbar facet loading positive bilaterally, Faber's test positive, and tenderness noted over

sacroiliac spine. The initial request for x-ray of the lumbar spine was initially not granted on 03/19/14. The initial request for Ambien 10mg #20 was initially not granted on 03/19/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray of the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines -online version Low Back Complaints, X-rays.

Decision rationale: Current Chronic Pain Medical Treatment Guidelines indicate X-rays are recommended when red flags for fracture or when red flags for cancer or infection are present. The injured worker underwent MRI of the lumbar spine on 03/21/11 and CT L-spine without contrast on 03/16/12. There have been no significant changes documented and no reported trauma warranting additional x-rays. Therefore, the request for X-ray of the lumbar spine cannot be recommended as medically necessary.