

Case Number:	CM14-0044872		
Date Assigned:	04/16/2014	Date of Injury:	07/04/2010
Decision Date:	06/30/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/11/2014

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 Management and is licensed to practice in Georgia. 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:

Claimant is a 42-year-old male presenting with chronic pain following a work-related injury on July 4, 2010. On January 20, 2014 the claimant complains of low back pain along with bilateral lower extremity weakness. The claimant uses a wheelchair; however the claimant is able to ambulate with 2 canes and a short distance of about 20 feet. The claimant reported difficulty sleeping, depression since the accident, and her mood disorder, dizziness and memory problems. The physical exam is significant for tenderness over the right side of the cervical spine, restricted range of motion of the cervical spine in flexion and extension and side to side tilt, tenderness of the lumbar spine with the right side being worse, tenderness of the lumbar paravertebral muscles and right hip area, positive straight leg raise at 20° on the right side worse than left, and antalgic gait due to pain in the right lower extremity. Electrodiagnostic studies revealed evidence of severe bilateral subacute L5 and possibly the S1 radiculopathy. The claimant is diagnosed with lumbar strain, lumbar disc degeneration, grade 1 anterolisthesis of the L5-S1, and degenerative disc disease at L4-5 and L5-S1.

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 WITH OBLIQUE VIEW: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM GUIDELINES, 12, 304

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 Complaints, Treatment Consideration.

Decision rationale: X-Ray of the Lumbar Spine with Oblique view is not medically necessary. The ODG states that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and would consider surgery an option. When the neurologic examination is less clear, however further physiologic evidence of nerve dysfunction should be obtained before entering an imaging study. Indiscriminate imaging will result in falls positive findings, suggests disc bulge, but are not the source of painful symptoms did not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the indication of an imaging test to the find a potential cause (magnetic resonance imaging for neural or soft tissue, computed tomography for bony structures). The claimant had a physical exam that remain unchanged for numerous office visit and additionally there were no physical signs to warrant a repeat x-ray of the lumbar spine when he previously had x-rays and MRIs; therefore it is not medically necessary

COGNITIVE BEHAVIORAL THERAPY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, CHRONIC PAIN, 23

Decision rationale: X-Ray of the Lumbar Spine with Oblique view is not medically necessary. The ODG states that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and would consider surgery an option. When the neurologic examination is less clear, however further physiologic evidence of nerve dysfunction should be obtained before entering an imaging study. Indiscriminate imaging will result in falls positive findings, suggests disc bulge, but are not the source of painful symptoms did not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the indication of an imaging test to the find a potential cause (magnetic resonance imaging for neural or soft tissue, computed tomography for bony structures). The claimant had a physical exam that remain unchanged for numerous office visit and additionally there were no physical signs to warrant a repeat x-ray of the lumbar spine when he previously had x-rays and MRIs; therefore it is not medically necessary