

Case Number:	CM14-0057638		
Date Assigned:	07/09/2014	Date of Injury:	07/07/2011
Decision Date:	08/26/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	04/28/2014

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, has a subspecialty in 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 57 year old male injured on 07/07/11 due to an undisclosed mechanism of injury. Current diagnoses include medial meniscal tear of the left knee, left C6 and C7 radiculopathy, L3-4 disc degeneration, L3-5 facet arthropathy, C5-T1 disc degeneration, and C5-T1 stenosis. The injured worker is status-post left knee surgery for meniscal repair on 10/04/13 and status-post C5-T1 anterior cervical discectomy and fusion with cage and instrumentation, partial corpectomy on 02/19/14. Clinical note dated 04/02/14 indicates the injured worker presented complaining of neck pain with some numbness in the left index finger rated at 7/10, increasing low back pain rated at 7/10, and improved right knee pain rated at 7/10. Physical examination of the cervical spine revealed tenderness of the paracervical muscles, base of the neck, sensation intact in bilateral upper extremities, orthopedic testing of the cervical spine revealed local pain, radial pulse palpable bilaterally, motor strength 5/5 to bilateral upper extremities, and deep tendon reflexes 2+ to bilateral upper extremities. Medications include Restoril, Xanax, Phenergan, Imitrex, Norco, Zanaflex, OxyContin and Cymbalta. The documentation indicates the injured worker would benefit from physical therapy focused on range of motion, stabilization, strengthening of cervical spine post-operatively 3 times a week for 6 weeks with transitioning to home exercise program. The initial request for 1 of 8 x-rays of the lumbar spine was initially non-certified on 04/18/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 of 8 x-rays 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 Treatment in Worker's Comp, 18th Edition, 2013: Low Back: Radiography.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Complaints, X-rays (Roentgenograms).

Decision rationale: As noted in the Low Back Complaints section of the California guidelines, X-Rays are recommended when red flags for fracture, cancer, or infection are present. Routine use of X-Rays during first month of symptoms in absence of red flags is not recommended. Routine oblique views are not recommended for the diagnosis of low back disorders. It is also noted the use of radiography is indicated with acute trauma with significant pain or neurologic deficit, painful or sudden onset of myelopathy, or post-surgical evaluation status of fusion. The injured worker does not meet these criteria. As such, the request for 1 of 8 x-rays of the lumbar spine is not medically necessary.