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| Case Number: | CM14-0071607 | | |
| Date Assigned: | 07/16/2014 | Date of Injury: | 09/15/2011 |
| Decision Date: | 09/15/2014 | UR Denial Date: | 05/06/2014 |
| Priority: | Standard | Application Received: | 05/18/2014 |

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 Occupational Medicine 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 51-year-old male who has submitted a claim for left shoulder impingement with subluxation, grade 1 spondylolisthesis status post lumbar fusion, and musculoligamentous sprain/strain of the lumbar spine associated with an industrial injury date of 9/15/2011. Medical records from 2014 were reviewed. The patient complained of low back pain radiating to the bilateral lower extremities, graded 8/10 in severity. Physical examination revealed normal reflex, sensory, and strength of extremities. Straight leg raise test was negative. The patient manifested with normal gait. The patient likewise was able to perform heel-walk and toe-walk bilaterally. There was minimal lumbar and left shoulder tenderness. Range of motion of the lumbar spine was restricted to 30% of normal. X-ray of the lumbar spine, dated 11/25/2013, documented no evidence of lucency, but no convincing evidence of fusion. MRI of the lumbar spine, dated 10/31/2011, revealed grade 1 spondylolisthesis at the L5 to S1 level. Treatment to date has included right shoulder surgery on 3/12/2012, ALDF on 10/2/2012, and medications. Utilization review from 5/6/2014 denied the request for x-rays of the lumbar spine two views because there was no clinical change or findings that would support repeat imaging.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-rays of the lumbar spine 2 views: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines Low Back Radiography.

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

Decision rationale: The CA MTUS ACOEM 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. However, it may be appropriate when the physician believes it would aid in patient management. In this case, patient complained of low back pain radiating to bilateral lower extremities status post fusion on 10/02/2012. X-ray of the lumbar spine, dated 11/25/2013, documented no evidence of lucency, but no convincing evidence of fusion. MRI of the lumbar spine, dated 10/31/2011, revealed grade 1 spondylolisthesis at the L5 to S1 level. However, medical records submitted for review failed to provide a clear indication for x-ray. There was no mention of acute trauma or worsening of complaints or objective findings that may warrant a repeat x-ray. The medical necessity cannot be established due to insufficient information. Therefore, request for X-RAY OF THE LUMBAR SPINE 2 views is not medically necessary.