

Case Number:	CM14-0072984		
Date Assigned:	07/16/2014	Date of Injury:	02/20/2010
Decision Date:	09/16/2014	UR Denial Date:	04/19/2014
Priority:	Standard	Application Received:	05/20/2014

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:

According to the records made available for review, this is a 46-year-old female with a 2/20/10 date of injury. At the time (4/10/14) of the request for authorization for x-ray of the lumbar spine and second opinion with an orthopedic hand surgeon (bilateral hands), there is documentation of subjective (neck pain, back pain, lower extremity pain, right knee pain, and depression) and objective (painful range of motion with flexion and extension of the knees bilaterally and some tenderness to palpation on the right knee, cervical tenderness with any palpation of the cervical spine, cervical spine range of motion is restricted secondary to pain, lumbar spine flexion and extension is limited to about 25% of normal, direct midline tenderness over the entire lumbar spine and especially at the lower levels around L4 through S1, mild reproducible paraspinal tenderness at the lower lumbar levels, antalgic gait favoring her right lower extremity, and decreased sensation over the L5 dermatome of the lower extremities bilaterally) findings. The current diagnoses are: degenerative disc disease of the cervical spine, spondylosis at C5-6 with upper extremity radiculopathy, normal C4-5 level, broad-based disc protrusion C3-4, lumbar degenerative disc disease, lumbar facet hypertrophy, central canal stenosis L4-5 and L5-S1, possible instability lumbar spine, chronic pain syndrome, depression and anxiety secondary to chronic medical conditions, right knee pain, and bilateral hand pain. The treatment to date is medication. In addition, there is documentation that x-rays are requested to address the possible instability from the spondylolisthesis at L5-S1. In regards to the x-ray of the lumbar spine, there is no documentation of consideration for surgery. In regards to the second opinion with an orthopedic hand surgeon, there is no documentation clarifying how this will aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the patient's fitness for return to work.

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: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation ODG-TWC.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Flexion/extension Imaging Studies.

Decision rationale: The California MTUS reference to ACOEM identifies documentation of red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, do not respond to treatment, and who would consider surgery, as criteria necessary to support the medical necessity of imaging. The ODG identifies documentation of symptomatic spondylolisthesis when there is consideration for surgery, as criteria necessary to support the medical necessity of flexion and extension x-rays. Within the medical information available for review, there is documentation of diagnoses of degenerative disc disease of the cervical spine, spondylosis at C5-6 with upper extremity radiculopathy, normal C4-5 level, broad-based disc protrusion C3-4, lumbar degenerative disc disease, lumbar facet hypertrophy, central canal stenosis L4-5 and L5-S1, possible instability lumbar spine, chronic pain syndrome, depression and anxiety secondary to chronic medical conditions, right knee pain, and bilateral hand pain. In addition, there is documentation that x-rays are requested to address the possible instability from the spondylolisthesis at L5-S1. However, there is no documentation of consideration for surgery. Therefore, based on guidelines and a review of the evidence, the request for x-ray of the lumbar spine is not medically necessary.

Second Opinion with an Orthopedic Hand Surgeon (Bilateral Hands): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG - TWC.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Independent Medical Examinations and Consultations, page 127.

Decision rationale: The California MTUS reference to ACOEM guidelines identifies that consultation is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work, as criteria necessary to support the medical necessity of consultation. Within the medical information available for review, there is documentation of diagnoses of degenerative disc disease of the cervical spine, spondylosis at C5-6 with upper extremity radiculopathy, normal C4-5 level, broad-based disc protrusion C3-4, lumbar degenerative disc disease, lumbar

facet hypertrophy, central canal stenosis L4-5 and L5-S1, possible instability lumbar spine, chronic pain syndrome, depression and anxiety secondary to chronic medical conditions, right knee pain, and bilateral hand pain. However, there is no documentation clarifying how a second opinion with an orthopedic hand surgeon (bilateral hands) will aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. Therefore, based on guidelines and a review of the evidence, the request for a second opinion with an orthopedic hand surgeon (bilateral hands) is not medically necessary.