MAXIMUS Federal Services

| Case Number: | CM13-0038171 | | |
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| Date Assigned: | 12/18/2013 | Date of Injury: | 04/20/2009 |
| Decision Date: | 02/28/2015 | UR Denial Date: | 09/12/2013 |
| Priority: | Standard | Application Received: | 09/27/2013 |

## 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Maryland
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

## CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 67 year old male who sustained a work related injury while working as a truck driver on April 20, 2009. He sustained injuries to the bilateral knees, right hip and lumbar spine while pushing a heavy pallet. He experienced pain radiating down the right side of his hip. The documentation notes that the injured worker had strained his back several months prior but did not receive treatment. A physicians report dated August 21, 2013 notes that the injured worker reported constant, achy and sometimes sharp lumbar pain rated at an eight out of ten. He also reported right knee pain which was rated at a six out of ten and left knee pain rated at six to seven out of ten on the subjective pain scale. He also experienced numbness that radiated to the outside of the knees. Physical examination notes that the injured worker had positive paraspinal tenderness to percussion. The injured worker was unable to toe and heel walk due the condition of his knees. He also had an antalgic gait. The left knee was positive for a lateral pouch of edema and was tender to touch. Range of motion of all body parts was impaired. Prior treatment has included diagnostic testing, post-operative physical therapy, pain management and acupncture treatments. Diagnostic testing was not submitted for review. Diagnoses include multi-level lumbar spine disc protrusions, lumbar spinal stenosis, lumbar spine facet arthropathy, left knee internal derangement and a right total knee arthroplasty performed on September 22, 2009. Work status notes that the injured worker was retired. The treating physician requested a three view series of x-rays of the lumbar spine. Utilization Review evaluated and denied the request on September 12, 2013. Based on the CA MTUS Low Back Complaints and ACOEM Occupational Medicine Practice Guidelines the medical necessity of the request was not established. There is

lack of documented evidence of interim trauma with nerve dysfunction, myelopathy, cauda equine, tumor, infection or a fracture as detailed in the ACOEM Guidelines. Therfore, the request is not medically necessary.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**X-RAY LUMBAR SPINE 3 VIEWS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303,304. Decision based on Non-MTUS Citation Low back

**Decision rationale:** X-ray lumbar spine, three views is not medically necessary per the MTUS and the ODG guidelines. The MTUS recommends imaging studies being reserved for cases in which surgery is considered, or there is a red-flag diagnosis. The guidelines state 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. The ODG states that Radiography (x-rays) should be reserved for trauma, myelopathy or progressive neurological deficit, red flag diagnoses, age over 70, steroids or osteoporosis. The documentation does not indicate that the patient meets these criteria. Per documentation the patient has had a prior lumbar MRI. There are no new red flag physical exam findings. The request for X-ray lumbar spine, three views is not medically necessary.