

Case Number:	CM14-0165502		
Date Assigned:	10/10/2014	Date of Injury:	06/12/2014
Decision Date:	02/24/2015	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	10/07/2014

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. 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: Texas, California
 Certification(s)/Specialty: Family Practice

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 is a 50 year old female patient who sustained a work related injury on 6/12/14. The patient sustained an injury while working in the laundry. The current diagnoses include cervical spine strain sprain, cervical disc displacement, radicular syndrome of upper limbs, tardy ulnar nerve palsy, carpal tunnel syndrome, and rotator cuff sprain tear. Per the doctor's note dated 8/25/14, patient has complaints of sharp, aching neck, low back, bilateral arm, bilateral shoulder, bilateral elbow, bilateral wrist, and bilateral hand/fingers pain. Physical examination of the low back revealed tenderness on bilateral multifidus, and L5-S1 spinous process, range of motion was 45/60 degrees on flexion, 30/35 degrees on extension and light lateral bending and 20/25 degrees on left lateral bending, positive for Lasegue's test bilaterally. The current medication lists include Ultram, Motrin. The patient has had MRI of the cervical spine on 7/8/14 that revealed disc protrusion and foraminal narrowing and X-rays on 6/11/14. Any operative/ or procedure note was not specified in the records provided. The patient has received an unspecified number of PT visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray A/P lateral of the lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG, Low Back, Radiography (x-rays)

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

Decision rationale: Per the ACOEM guidelines cited below, "Lumbar spine x rays may be appropriate when the physician believes it would aid in patient management. " Per the doctor's note dated 8/25/14, patient has complaints of sharp, aching neck, low back pain. Physical examination of the low back revealed tenderness on bilateral multifidus, and L5-S1 spinous process, range of motion was 45/60 degrees on flexion, 30/35 degrees on extension and light lateral bending and 20/25 degrees on left lateral bending, positive for Lasegue's test bilaterally. Lumbar spine X-ray was requested to aid in patient management. The request for the X-ray A/P lateral of the lumbar spine is medically necessary and appropriate for this patient at this time.