

Case Number:	CM14-0193769		
Date Assigned:	12/01/2014	Date of Injury:	04/08/2012
Decision Date:	01/15/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/19/2014

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 Interventional Spine 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:

A physical exam on 9/8/14 showed "right elbow range of motion limited with -5 to 90 degrees of flexion, right shoulder range of motion limited with abduction 120 degrees. L-spine range of motion limited with extension at 5 degrees." The injured worker's treatment history includes physical therapy (14 sessions), home exercise program, epidural steroid injections. The treating physician is requesting X-ray of the lumbar spine with AP, lateral, flexion, and extension views. The utilization review determination being challenged is dated 10/23/14 and denies request as injured worker has no history of lumbar spine trauma or suspicion of cancer or infection. The requesting physician provided treatment reports from 5/6/14 to 9/8/14.

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 with AP, Lateral, Flexion and Extension Views: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) lumbar, Radiography, Lumbar, Flexion/Extension X-Rays

Decision rationale: ODG does not recommend routine lumbar x-rays in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least 6 weeks. Imaging is indicated only if patients have severe progressive neurologic impairments or signs or symptoms indicating a serious or specific underlying condition, or if they are candidates for invasive interventions. Immediate imaging is recommended for patients with major risk factors for cancer, spinal infection, caudal equine syndrome, or severe or progressive neurologic deficits. For flex/ext X-rays, ODG L-spine chapter recommends it for spinal instability "may be criteria prior to fusion, for example in evaluating symptomatic spondylolisthesis when there is consideration for surgery." In this case, the injured worker has failed conservative treatment, and has persistent pain of the lumbar with radicular symptoms of the left leg. The injured worker is a candidate for lumbar surgery. Per ODG guidelines, the request for X-Ray of the Lumbar Spine is medically necessary.