

Case Number:	CM14-0197904		
Date Assigned:	12/08/2014	Date of Injury:	05/13/2011
Decision Date:	01/23/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/25/2014

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 Rehabilitation, has a subspecialty in Pain 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:

This is a patient with a date of injury of May 13, 2011. A utilization review determination dated October 31, 2014 recommends non-certification for an x-ray of the lumbar spine. Non-certification was recommended due to a lack of documentation of an objective physical examination findings and failure of conservative treatment. A pain management consultation dated August 14, 2014 identifies subjective complaints of neck pain, upper extremity pain, headache, low back pain, right leg pain-improved, stomach pain, insomnia, memory loss, visual changes, and ringing in the ears. The patient complains of right mid back pain that radiates to the right hip all the way down the right leg with intermittent numbness and weakness. The patient previously underwent trigger point injections in the low back with 50% reduction in pain and increased activity. The patient reports that medication improves pain and activity levels. Topical medication and Amitriptyline also improve the patient's pain and function. Physical examination findings reveal restricted range of motion in the lumbar spine with tenderness in the paravertebral muscles. Neurologic examination revealed a "sensory deficit in the right feet 4, 5, and 6 dermatomes". The diagnoses include lumbar radiculopathy the treatment plan recommends a repeat epidural steroid injection and continuing the patient's current medications. Additionally, repeat Trigger Point Injections are recommended.

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 including AP and Lateral: Upheld

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

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 Chapter, Radiography (X-rays)

Decision rationale: Regarding request for lumbar spine x-ray, Occupational Medicine Practice Guidelines state that 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 6 weeks. However, it may be appropriate when the physician believes it would aid in patient management. Guidelines go on to state that subsequent imaging should be based on new symptoms or a change in current symptoms. Within the documentation available for review, the requesting physician has not stated how his medical decision-making will be changed based upon the outcome of the currently requested lumbar x-ray. Additionally, reports indicate that trigger point injections and lumbar epidurals have significantly improved the patient's pain and function. Seemingly, this would imply that the diagnosis of lumbar radiculopathy and lumbar myofascial pain are the primary pain generators and that they are well controlled with the patient's current regimen of injections exercise and medication. In the absence of clarity regarding those issues, the requested X Ray of the Lumbar Spine including AP and Lateral is not medically necessary.