

Case Number:	CM15-0107608		
Date Assigned:	06/12/2015	Date of Injury:	01/20/2015
Decision Date:	08/14/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/04/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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:

The injured worker (IW) is a 32 year old male who sustained an industrial injury on 01/20/2015. The injured worker felt pain in his low back, neck and right shoulder after lifting a gas tank. The injured worker was diagnosed as having right shoulder impingement, lumbar strain, cervical strain, and medial epicondylitis. Treatment to date has included shockwave therapy of the right shoulder, interferential therapy, MRI of the right shoulder without contrast (05/04/2015), MRI of the cervical spine without contrast (03/17/2015), MRI of the lumbar spine without contrast (03/16/2015), x-ray of the lumbar spine in flexion and extension (02/25/2015) and x-ray of the cervical spine flexion and extension (02/25/2015), and urine drug screens. In the initial notes of 01/29/2015, the examination states the worker has sudden onset of constant episodes of moderate bilateral lateral neck pain, non-radiating. Exacerbating factors include shoulder movement, arm elevation and lifting. Relieving factors include rest. His lumbar spine had pain located in the low back that is constant and sharp and aching in nature and he rates the pain as a 6 on a scale of 1-10. In the provider notes of 01/29/2015 the injured worker complains of pain in the lumbar spine rated a 5 on a scale of 1-10. He has a mild antalgia bilaterally. His paraspinal muscles have moderate tenderness and increased muscle tone. His spinous process, PSIS, sacral sulcus, and ischial tuberosity have moderate tenderness to palpation. Myotomes at L2, L3, L4, and S1 are diminished on the left. Sensation is grossly intact for light touch in dermatomes L3-S1. Joint mobility shows the lumbar spine L3-5 have an anterior glide that is normal and painful, The right SI has anterior glide that is hypo mobile and painful. His initial value was an 8 on a scale of one-

10 and has decreased of a 5 on a scale of 1 to 10. His range of motion is diminished in all planes in the lumbar spine. On 02/02/2015, the worker is seen in follow up of the neck, lumbar and right shoulder strain. He reports his improvement as 10% better overall. He has pain with prolonged standing and sitting. His right shoulder has mild diffuse pain on deep palpation, full range of motion, negative Drop Arm test, Negative empty can test, negative lift off test. The cervical spine has diffuse tenderness to palpation no bilateral muscle spasm, full range of motion, mild pain with passive range of motion. The lumbosacral spine has normal sensation, normal straight leg raise, normal reflexes and no spasms. The plan is for additional x-rays of the cervical spine, and additional x-rays of the lumbosacral spine. A request for authorization was made for an X-ray of the lumbar spine.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back & Lumbar & Thoracic (Acute & Chronic), Radiography (x-rays).

Decision rationale: ACOEM and ODG both agree, "Lumbar spine 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 six weeks." The medical notes provided did not document (physical exam, objective testing, or subjective complaints) any red flags for serious spinal pathology or other findings suggestive of the pathologies outlined in the ODG guidelines. ODG additionally states, "it may be appropriate when the physician believes it would aid in patient management". The treating physician also does not indicate how the x-ray would "aid in patient management". ODG further specifies other indications for imaging with Plain X-rays: Thoracic spine trauma: severe trauma, pain, no neurological deficit. Thoracic spine trauma: with neurological deficit Lumbar spine trauma (a serious bodily injury): pain, tenderness. Lumbar spine trauma: trauma, neurological deficit. Lumbar spine trauma: seat belt (chance) fracture. Uncomplicated low back pain, trauma, steroids, osteoporosis, over 70. Uncomplicated low back pain, suspicion of cancer, infection. Myelopathy (neurological deficit related to the spinal cord), traumatic. Myelopathy, painful. Myelopathy, sudden onset. Myelopathy, infectious disease patient. Myelopathy, oncology patient. Post-surgery: evaluate status of fusion. The treating physician does not indicate any concerns for the above ODG pathologies. As such, the request for X-ray of the lumbar spine is not medically necessary.