

Case Number:	CM15-0013297		
Date Assigned:	01/30/2015	Date of Injury:	01/18/2010
Decision Date:	04/02/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	01/22/2015

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: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 is a 48 year old male with an industrial injury dated January 18, 2010. The injured worker diagnoses include lumbar disc herniation without myelopathy, lumbar degenerative joint disease/degenerative disc disease, lumbar myalgia, lumbar myospasm, and left-sided lumbar neuritis/radiculitis. He has been treated with diagnostic studies, radiographic imaging, prescribed medications, consultation and periodic follow up visits. According to the progress note dated 11/05/2014, the injured worker complained of lower back pain, limited range of motion with tingling and numbness to the left leg. Objective findings revealed weakness, tingling and numbness in the left leg. The treating physician noted that the injured worker was also suffering from severe sacroiliac joint inflammation with signs and symptoms of radiculitis and radiculopathy to the posterior and lateral aspect of the thigh. Gaenslen's test and Patrick Fabre test were positive. The treating physician prescribed services for x-ray of the lumbar spine with anterior-posterior, lateral flexion and extension views. Utilization Review determination on January 14, 2015 denied the request for x-ray of the lumbar spine with anterior-posterior, lateral flexion and extension views, citing MTUS, ACOEM and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 x-ray of the lumbar spine with anterior-posterior, lateral flexion and extension views:
 Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Flexion/extension imaging studies.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official disability guidelines Low back Chapter under Radiography.

Decision rationale: The 47 year old patient presents with constant, dull low back pain, rated at 8-9/10, that radiates to head, neck, shoulder, back, buttocks, forearm, elbow, wrist, hand, hip, leg, knee, foot, fingers and toes, as per progress report dated 12/22/14. The request is for 1 X-RAY OF THE LUMBAR SPINE WITH ANTERIOR-POSTERIOR, LATERAL FLEXION AND EXTENSION VIEWS. There is no RFA for this case, and the patient's date of injury is 01/08/10. Diagnoses, as per progress report dated 12/22/14, included lumbar disc herniation, lumbar degenerative joint disease, lumbar myalgia, lumbar myospasm, and left-sided lumbar neuritis. Medications, as per report dated 11/10/14, included Gabapentin, Terocin patches and Terocin lotion. MRI of the lumbar spine, dated 11/10/11, revealed left paracentral disc protrusion at L5-S1, impressing the exiting nerve root. The available progress reports do not document the patient's work status. For radiography of the low back, ACOEM ch12, low back, pages 303-305: "Special Studies and Diagnostic and Treatment Considerations 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." For special diagnostics, ACOEM Guidelines page 303 states "unequivocal objective findings that identify specific nerve compromise on the neurological examination is sufficient evidence to warrant imaging in patients who do not respond well to treatment and who would consider surgery as an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." ODG-TWC, Low back Chapter under Radiography states: "Lumbar spine radiography 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." ODG further states "Immediate imaging is recommended for patients with major risk factors for cancer, spinal infection, caudal equine syndrome, or severe or progressive neurologic deficits. Imaging after a trial of treatment is recommended for patients who have minor risk factors for cancer, inflammatory back disease, vertebral compression fracture, radiculopathy, or symptomatic spinal stenosis. Subsequent imaging should be based on new symptoms or changes in current symptoms." In this case, the progress reports do not document prior x-ray of the lumbar spine. While the request is noted in progress report dated 12/22/14, the treater does not explain the reason. Physical examination, however, reveals tenderness and spasms along with restricted range of motion. There is decreased sensation at L4-5 dermatomes. The patient has been diagnosed with lumbosacral neuritis. Given the chronic back pain and neurological deficits during physical exam, this request IS medically necessary.