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| Case Number: | CM15-0130950 | | |
| Date Assigned: | 07/17/2015 | Date of Injury: | 04/17/2007 |
| Decision Date: | 08/13/2015 | UR Denial Date: | 06/18/2015 |
| Priority: | Standard | Application Received: | 07/07/2015 |

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 57 year old woman sustained an industrial injury on 4/17/2007. The mechanism of injury is not detailed. Diagnoses include thoracolumbar neuritis/radiculitis, sacroilitis, lumbosacral spondylosis, and disorders of the sacrum. Treatment has included oral and topical medications and lumbar spine radiofrequency ablation. Physician notes dated 6/5/2015 show complaints of low back pain, sacroiliac joint pain, and headache. The pain ratings range from 3-8/10. Recommendations include Vic HP, Fentanyl patch, Skelaxin, stop Mobic, stop Zanaflex, Neurontin, Cyclobenzaprine, lumbar spine MRI, flexion/extension lumbar spine x-rays, and follow up in one month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexion and extension X-ray of L-spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Lumbar & Thoracic Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), Radiography (x-rays).

Decision rationale: The claimant has a remote history of a work-related injury and is being treated for low back pain. Treatments have included recent lumbar medial branch radiofrequency ablation. When seen, she was having clicking at times. There was lumbar paraspinal muscle tenderness and right sacroiliac joint tenderness. Right sacroiliac joint testing was positive. There was an unsteady gait and decreased lower extremity reflexes. Additional testing was requested including an MRI of the lumbar spine and flexion / extension x- rays. Criteria for obtaining a lumbar spine x-ray are trauma or if there are red flags such as suspicion of cancer or infection. In this case, there is no identified acute injury or 'red flag'. The claimant has not undergone a spinal fusion and assessing for a successful fusion is therefore not applicable. The requested lumbar spine x-ray is not medically necessary.