

Case Number:	CM15-0132124		
Date Assigned:	07/20/2015	Date of Injury:	01/03/2010
Decision Date:	08/14/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/08/2015

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:

The injured worker is a 60-year-old female, who sustained an industrial injury on 1/3/10. Initial complaints were not reviewed. The injured worker was diagnosed as having lumbar disc displacement without myelopathy; degeneration lumbar disc; lumbosacral spondylosis; lumbago. Treatment to date has included physical therapy; medications. Diagnostics studies included EMG/NCV study lower extremities (1/7/15). Currently, the PR-2 notes dated 6/8/15 by this provider indicated the injured worker complains of low back pain but has not suffered a fall since the last office visit. She is reasonably pleased with current medications prescribed on an industrial basis. The provider documents the injured worker has no surgical history and no previous spine operations. Her current medications are listed as Carvedilol, Fioricet, Gabapentin, thyroid replacement and Tylenol #4. He provides a physical examination and notes her activities of daily living are relative to a total pain-related impairment score of 27 in the office on this date. He notes this places her in a moderate impairment category. The PR-2 notes dated 5/11/15 indicated the injured worker fell on that day. She reported "both of her legs gave out". She states she was nauseated with pain prior to falling and also reports she fell approximately four month ago in a similar fashion. Her complaints on this date were low back pain with burning and numbness, moderate pain level. The provider does not document any physical contusions noted from the fall. He does document normal results from an EMG of the lower extremities done on 1/7/15. He documents a concern about the "construct of the lumbosacral spine and is seeking authorization for x-rays. The provider is requesting authorization for x-rays of the lumbosacral spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 X-rays of the lumbosacral spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 289-290.

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 sustained a work injury in January 2010 and continues to be treated for low back pain. When seen, she had fallen earlier that day when her legs gave out. She had been noxious prior to falling and there had been a similar episode four months before. She was having moderate low back pain. Physical examination findings included appearing in no acute distress. There was axial lumbosacral tenderness. Range of motion was not tested due to the recent fall. At the previous visit, she was also having moderate pain with axial tenderness. Applicable 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, the claimant had fallen earlier that day but had no new findings on physical examination and an identical level of pain as at the previous visit. There was no 'red flag'. A lumbar spine x-ray was not medically necessary.