

Case Number:	CM15-0132705		
Date Assigned:	07/21/2015	Date of Injury:	07/19/1989
Decision Date:	08/14/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/09/2015

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 is a 57-year-old male, who sustained an industrial injury on 07/19/1989. He has reported injury to the low back. The diagnoses have included low back pain; lumbar degenerative disc disease; lumbar stenosis; lumbar radiculitis; myalgia; and chronic pain syndrome. Treatment to date has included medications, diagnostics, injections, physical therapy, and home exercise program. Medications have included Norco, Percocet, Gabapentin, and Valium. A progress report from the treating physician, dated 06/12/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of low back and lower extremity pain; the pain has gotten worse; he is having more radicular pain; he has aching pain in the low back radiating to the anterior and posterior legs with numbness and tingling; the left leg is getting worse; he has a lot of throbbing in the leg; he takes Norco and Gabapentin with good relief and tolerates them well; pain levels are 10/10 on the pain scale without medication, coming down to 7/10 with medication; his pain is worse with prolonged positions; pain is decreased with therapy, medications, injection, and change of position; functional improvement includes daily exercise and household chores; and a physician is requesting a scoliosis series before he sees him again, as he is considering lumbar surgery. Objective findings included he is tender in the paraspinal muscles L5 through S1; range of motion is decreased in flexion and extension; he has pain with flexion; strength is 5-/5 in the lower extremity; sensation is decreased in the left posterior and lateral leg, worse in the right; and straight leg raising is positive more on the left today. The treatment plan has included the request for scoliosis series x-ray.

IMR ISSUES, DECISIONS AND RATIONALES

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

Scoliosis Series X-Ray: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), Radiography (x-rays).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 8 Neck and Upper Back Complaints Page(s): 165-194, 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 that 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 that 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." Per the ACOEM guidelines regarding cervical radiographs; Initial studies (are recommended) when red flags for fracture or neurological deficit associated with acute trauma, tumor, or infection are present. Routine studies are not recommended in the absence of red flags. ACOEM also notes that Cervical radiographs are most appropriate for patients with acute trauma associated with midline vertebral tenderness, head injury, drug or alcohol intoxication, or neurologic compromise. (American College of Surgeons. Advanced Trauma and Life Support: A Manual for Instructors. Chicago: ACS;1993.) The treating physician does not indicate any concerns for the above ODG pathologies. Additionally, the treating physician does not provide rationale behind this request. The medical documentation provided indicate this patient has undergone lumbar MRI with findings that are consistent with subjective complaints. As such, the request for Scoliosis Series X-Ray is not medically necessary.