

Case Number:	CM15-0143547		
Date Assigned:	08/04/2015	Date of Injury:	08/04/2011
Decision Date:	09/24/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/23/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 60 year old woman sustained an industrial injury on 8-4-2011 after getting her foot stuck in a mat in a dark room, falling, and a brief period of loss of consciousness. The worker received immediate medical attention. Diagnoses include cervicalgia, lumbago, lumbar stenosis, and lumbar retrolisthesis with unknown stability, and lateral epicondylitis. Treatment has included oral medications and acupuncture. Physician notes dated 5-20-2015 show complaints of neck pain with radiation to the bilateral upper extremities and hands with numbness and tingling, pain throughout the entire back with radiation tot eh bilateral feet with numbness and tingling, left wrist pain with stiffness, swelling to the bilateral hands with weakness, and left elbow pain. Recommendations include topical analgesic cream, Tizanidine, Naproxen, ice compress, consider re-consultation with psychology, cervical collar, lumbar spine x-rays, lumbar spine MRI, lateral epicondylitis brace, and follow up in six weeks.

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 with flexion and extension views: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back (web: updated 5/15/15).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 301.

Decision rationale: The ACOEM chapter on low back complaints states: 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 patient does not have red flags on exam or evidence of serious spinal pathology. Therefore the request is not medically necessary.