

Case Number:	CM15-0147875		
Date Assigned:	08/10/2015	Date of Injury:	03/26/1990
Decision Date:	09/08/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	07/29/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 69 year old female who sustained a work related injury March 26, 1990. Past history included laminectomy L4-L5, bilateral knee replacements with revision on the left due to MRSA (Methicillin-resistant Staphylococcus aureus), breast cancer, status post partial mastectomy and left axillary node dissection with chemotherapy and radiation therapy, and hypertension. According to a primary treating physician's progress report, dated July 2, 2015, the injured worker presented with worsening back pain radiating into her left buttock and posterior thigh. She previously underwent an RF (radiofrequency) ablation a few years ago, which was helpful. She reports not being able to function without pain medication. She uses up to 4 Norco-day and ibuprofen, and omeprazole for dyspepsia with a 50% reduction in pain and 50% improvement with activities of daily living. She rates her pain 10 out of 10 without medication and 4-9 out of 10 with medication. Physical examination revealed; limited range of motion of the back; flexion 20 degrees, extension 5 degrees; Kemp's maneuver is painful on the left radiating into the left buttock and posterior thigh; sensory loss to light touch and pinprick at the left lateral calf and bottom of her foot; absent left Achilles reflex; 4 out of 5 weakness on left thigh flexion and knee extension. Impression is documented as low back pain and left radicular symptoms; chronic pain spondylosis, disk herniation (non-industrial); polymyalgia rheumatic (non-industrial) chronic L5 radiculopathy, left leg. Treatment plan included refill medication, pain consultation, lumbar MRI, and at issue, a request for authorization for lumbar x-rays.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar x-rays: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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 section, Radiographs.

Decision rationale: Pursuant to the Official Disability Guidelines, x-rays lumbosacral spine is not medically necessary. X-rays of the lumbar spine is not recommended in the absence of red flags. 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 pain has persisted for at least six weeks. The indications for radiography are numerate it in the official disability guidelines, in this case, the injured worker's working diagnoses are low back pain and left ridiculous symptoms; status post bilateral knee replacements with revision left knee; and history MRSA staph infection left knee. The date of injury was March 26, 1990. The request for authorization is July 10, 2015. According to a July 2, 2015 progress note, the injured worker status post laminectomy L4 - L5 and status post radiofrequency ablation with improvement for one year. Subjectively, the injured worker has worsening back pain that radiates to the left buttock. The original MRI was requested and authorized October 24, 2014. The MRI was never performed. According to the July 10, 2015 request for authorization, a repeat MRI lumbar spine was requested and authorized. As a result, if the MRI of the lumbar spine is authorized, plain radiographs of the lumbar spine are not clinically indicated. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines and authorization of the MRI lumbar spine, x-rays lumbosacral spine are not medically necessary.