

Case Number:	CM15-0160989		
Date Assigned:	08/27/2015	Date of Injury:	03/18/2004
Decision Date:	09/30/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	08/17/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 is a 59 year old male with a March 18, 2014 date of injury. A progress note dated July 16, 2015 documents subjective complaints (continued flare-ups of lower back pain with increased activity), objective findings (tenderness to palpation over the upper, mid, and lower cervical paravertebral and trapezius muscles; decreased range of motion of the cervical spine; increased pain with cervical extension; tenderness to palpation in the upper, mid, and lower lumbar paravertebral muscles; decreased and painful range of motion of the lumbar spine), and current diagnoses (thoracolumbar spine strain; L1 compression fracture; lumbar disc protrusions, right rotator cuff tendinitis and impingement syndrome). Treatments to date have included lumbar spine surgery, right shoulder surgery, imaging studies, medications, epidural steroid injection, psychotherapy, and home exercise. The treating physician documented a plan of care that included x-ray of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) x-ray of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back Chapter under Radiography.

Decision rationale: The current request is for One (1) x-ray of the lumbar spine. Treatments to date have included lumbar spine surgery (2009), right shoulder surgery (2010), imaging studies, medications, epidural steroid injection, psychotherapy, and home exercise. The patient is not working. For radiography of the low back, ACOEM ch12, low back, pages 303-305: Special Studies and Diagnostic and Treatment Considerations 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." ODG-TWC, Low back Chapter under Radiography states: 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 the pain has persisted for at least 6 weeks. ODG further states "Immediate imaging is recommended for patients with major risk factors for cancer, spinal infection, caudal equine syndrome, or severe or progressive neurologic deficits. Imaging after a trial of treatment is recommended for patients who have minor risk factors for cancer, inflammatory back disease, vertebral compression fracture, radiculopathy, or symptomatic spinal stenosis. Subsequent imaging should be based on new symptoms or changes in current symptoms. Per report 07/16/15, the patient presents with a flare-up of lower back pain. Objective findings revealed tenderness to palpation over the upper, mid, and lower with decreased ROM. There is decreased sensation to the bilateral L5-S1 distribution, with weakness of the right extensor hallucis longus. The patient is s/p lumbar surgery in 2009. A lumbar spine x-ray was performed on 08/06/12 which revealed healed compression fracture at L1, degenerative changes and post-surgical changes without intervertebral changes. The treater requested an x-ray of the l-spine to guide treatment. In this case, the patient does not present with serious spinal injury, neurological deficit from trauma or suspected repeat fracture to warrant a repeat x-ray of the lumbar spine. The requested x-ray IS NOT medically necessary.