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| Case Number: | CM15-0165159 | | |
| Date Assigned: | 09/02/2015 | Date of Injury: | 10/22/2002 |
| Decision Date: | 10/06/2015 | UR Denial Date: | 08/11/2015 |
| Priority: | Standard | Application Received: | 08/24/2015 |

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:

This 63 year old male sustained an industrial injury to the neck on 10-22-02. The injured worker underwent right total hip arthroplasty on 4-17-15. Documentation did not disclose recent magnetic resonance imaging. In a neurology progress note dated 7-28-15, the injured worker complained of neck cramps with pain in the left low back and pain down the left side to the arms and legs associated with numbness and tingling in both hands and severe muscle cramps. The injured worker stated that he had mild back pain and mild back pain with activities. The injured worker reported doing quite well after right hip arthroplasty. Physical exam was remarkable for neck with improved range of motion and mild increase in pain with flexion and extension and low back with straightening of the lumbar lordotic curve and pain upon flexion and extension. The injured worker had 5 out-of-5 motor strength bilaterally. Sensory exam revealed decreased sensation to the right 3rd, 4th and 5th fingers and left 4th and 5th fingers. Current diagnoses included chronic neck pain with exacerbation, status post cervical laminectomy, anterolisthesis at C4-5, cervical spine degenerative disc disease, history of lumbar spine radiculopathy, thoracic compression fracture and status post ulnar decompression and transposition. The physician noted that recent electromyography and nerve conduction velocity test revealed bilateral carpal tunnel syndrome, chronic right C7 radiculopathy and bilateral ulnar neuropathy. The treatment plan included obtaining x-rays of the cervical spine and lumbar spine, magnetic resonance imaging cervical spine and a referral to an orthopedic surgeon.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back.

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 for lumbar spine are not medically necessary. Radiographs are not recommended in the absence of red flags. Lumbar spinal radiography should not be recommended in patients with low back pain in the absence of red flags were serious spinal pathology, even if pain is persistent for six weeks. Indications for imaging include, but are not limited to, lumbar spine trauma; uncomplicated low back pain, trauma, steroids; uncomplicated low back pain, suspicion of cancer, infection; post surgery, evaluation status of fusion; etc. In this case, the injured worker's working diagnoses are chronic neck pain with exacerbation; status post cervical laminectomy; anterolisthesis C4-C5 with dynamic spondylolisthesis; degenerative cervical disc disease; history of lumbar radiculopathy; thoracic compression fracture; and status post ulnar decompression and transposition. Date of injury is October 22, 2002. Request for authorization is August 5, 2015. According to a July 28, 2015 progress note, the injured worker's subjective complaints are neck cramps and left low back pain leg pain, numbness and tingling. Injured worker is status post total hip arthroplasty. Objectively, there is pain with flexion and extension of the low back. Motor examination and sensory examination are normal. Gait and balance are normal and coordination was normal. There is no documentation with an acute flare-up of low back pain or injury to the low back. The injury is a 12-year-old injury and there is no clinical indication or rationale for radiographs of the lumbar spine. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines and no clinical indication or rationale for radiographs of the lumbar spine, x-rays for lumbar spine are not medically necessary.

Follow-up evaluation with a neurosurgeon (lumbar, cervical): 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), Pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Office visits.

Decision rationale: Pursuant to the Official Disability Guidelines, follow-up evaluation with a neurosurgeon (lumbar and cervical) is not medically necessary. The need for a clinical office visit with a healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. The determination is based

on what medications the patient is taking, since some medicines as opiates or certain antibiotics require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. Determination of necessity for an office visit requires individual case review and reassessment being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible. In this case, the injured worker's working diagnoses are chronic neck pain with exacerbation; status post cervical laminectomy; anterolisthesis C4-C5 with dynamic subluxation; degenerative cervical disc disease; history of lumbar radiculopathy; thoracic compression fracture; and status post ulnar decompression and transposition. Date of injury is October 22, 2002. Request for authorization is August 5, 2015. According to a July 28, 2015 progress note, the injured worker's subjective complaints are neck cramps and left low back pain leg pain, numbness and tingling. Injured worker is status post total hip arthroplasty. Objectively, there is pain with flexion and extension of the low back. Motor examination and sensory examination are normal. Gait and balance are normal and coordination was normal. There is no documentation with an acute flare-up of low back pain or injury to the low back. The injury is a 12-year-old injury and there is no clinical indication or rationale for radiographs of the lumbar spine. As a result, radiographs of the lumbar spine are not medically necessary. If they are glass of the lumbar spine are not clinically indicated, follow-up evaluation with a neurosurgeon (lumbar and cervical) is not medically necessary.