

Case Number:	CM15-0185756		
Date Assigned:	09/25/2015	Date of Injury:	05/09/2001
Decision Date:	11/06/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/21/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 59 year old female, who sustained an industrial injury on 5-9-01. The injured worker was diagnosed as having dislocation jaw-closed; face and neck injury; salivary secretion; myalgia and myositis; rotator cuff sprain; adhesive capsulitis; osteoarthritis shoulder; prolonged posttraumatic stress disorder; dementia; headache disorder; head injury; carpal tunnel syndrome; cervical disc displacement; lumbar disc displacement; idiopathic neuropathy; depressive psychosis osteoporosis; incontinence urine; irritable bowel, post-inflammatory pulmonary fibrosis. Treatment to date has included physical therapy; medications. Diagnostics studies included X-rays lumbar spine (8-4-15). Currently, the PR-2 notes dated 6-25-15 indicated the injured worker complains of widespread pain. The provider documents "Her diabetes remains poorly controlled. Her blood sugar today was improved at 200. The patient saw the ophthalmologist who diagnosed her with diabetic retinopathy and is pending follow-up appointment with him. The patient is also pending a podiatry visit 7-1-15 for severe diabetes, hammertoe deformity, and skin breakdown. She is also pending an appointment for urologist. The patient is seeing her pulmonologist for lung abscess who has recommended patient continue her PICC line with IV antibiotics for two to three more weeks. The patient is still complaining of shortness of breath, fatigue, and malaise. The patient's psychiatric care will need to be transferred due to her current psychiatrist is no longer taking patients. The patient continues to complain of hearing loss and is requesting an audiologist referral." Objective findings by this provider are documented as: "There is diffuse wheezing and crackles over the lower bilateral lung fields. Recent difficulty with blood sugar control was likely in part due to lung abscess which is now

being treated with broad spectrum antibiotics. The treatment plan is for multiple pending appointments including: endocrinologist, ophthalmologist, podiatry, urologist, pulmonologist, audiologist, psychiatrist, IV antibiotic therapy, nurse case management and home care attendant. X-rays of lumbar spine dated 8-4-15 impression: "Grade 1 anterior degenerative spondylolisthesis at L4-5 and degenerative disc disease at L5-S1. Magnetic resonance imaging is suggested to evaluate for spinal stenosis and nerve impingement." A Request for Authorization is dated 9-21-15. A Utilization Review letter is dated 8-28-15 and non-certification was for an X-ray of the low back with weight bearing complete 5 views. A request for authorization has been received for X-ray of the low back with weight bearing complete 5 views.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray of the low back with weight bearing complete 5 views: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): http://www.dir.ca.gov/t8/ch4_5sb1a5_5_2.html.

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-Lumbar & Thoracic (Acute & Chronic), Radiography (x-rays).

Decision rationale: The claimant has a remote history of a work injury occurring in may 2001 when, she was assaulted and dragged 195 feet with loss of consciousness. The claimant has spondylolisthesis at L4/5. When seen, there had been no new injury. Physical examination findings included bilateral foot deformities. There was decreased strength with an antalgic gait. Authorization is being requested for weight-bearing lumbar spine x-rays. An x-ray of the lumbar spine can be recommended in a patient over 70 with uncomplicated low back pain and a history of trauma, steroid use, or osteoporosis, in a patient with uncomplicated low back pain where there is a suspicion of cancer or infection, or after surgery to evaluate the status of a fusion. In this case, there is no acute injury and none of the applicable criteria for a chronic injury are fulfilled. No complaints or physical examination findings relative to the lumbar spine were recorded. The requested x-ray is not considered medically necessary.