

Case Number:	CM15-0187612		
Date Assigned:	09/29/2015	Date of Injury:	11/16/2014
Decision Date:	11/13/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/23/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic neck, shoulder, and low back pain reportedly associated with an industrial injury of November 16, 2014. In a Utilization Review report dated August 24, 2015, the claims administrator failed to approve a request for x-rays of the lumbar spine. The claims administrator referenced a progress note and an associated RFA form of August 13, 2015 in its determination. The applicant's attorney subsequently appealed. On said RFA form dated August 13, 2015, chiropractic manipulative therapy, x-rays of the cervical spine, x-rays of the lumbar spine, dietary supplements, tramadol, Flexeril, topical compounds, interferential unit, hot and cold therapy unit, electrodiagnostic testing of bilateral upper and bilateral lower extremities and MRI imaging of the cervical spine were all endorsed. On an associated Doctor's First Report (DFR) dated August 13, 2015, the applicant was placed off of work, on total temporary disability. Multifocal complaints of neck, back, upper extremity, and hip and lower extremity pain were reported. The applicant was given various diagnoses including that of cervical strain, cervical radiculitis, and rule out cervical spine diskogenic disease. Multiple dietary supplements and imaging studies were all endorsed. The applicant was also given diagnoses of rule out lumbosacral spine diskogenic disease, and lumbosacral musculoligamentous strain with radiculitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-rays for the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies, Summary.

Decision rationale: No, the request for x-rays of the lumbar spine was not medically necessary, medically appropriate, or indicated here. The stated diagnosis present here, per the treating provider's DFR of August 13, 2015, were lumbar strain, rule out lumbosacral degenerative disk disease, and lumbar radiculitis. However, the MTUS Guideline in ACOEM Chapter 12, Table 12-7, page 304 scores plain film radiography a 0/4 in its ability to identify and define suspected lumbar strains and a 1/4 in its ability to identify suspected disk protrusions, i.e., the operating diagnoses reportedly present here. The attending provider failed to furnish a clear or compelling rationale for pursuit of plain film radiography of the lumbar spine for diagnosis for which it is scored poorly in its ability to identify and define, per the MTUS Guideline in ACOEM Chapter 12, Table 12-7, and page 304. The MTUS Guideline in ACOEM Chapter 12, Table 12-8, and page 309 also notes that the routine usage of radiographs of the lumbar spine and the absence of red flags is deemed not recommended. Here, the fact that the treating provider concurrently ordered MRI imaging of the cervical spine, x-rays of the lumbar spine, x-rays of the cervical spine, and electrodiagnostic testing of the bilateral upper and bilateral lower extremities, taken together, strongly suggested that said testing was in fact being ordered for routine evaluation purposes, without any clearly formed intention of acting on the results of the same. Therefore, the request was not medically necessary.