MAXIMUS Federal Services

Case Number:	CM15-0194141		
Date Assigned:	10/08/2015	Date of Injury:	12/10/1987
Decision Date:	11/16/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/05/2015

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 injured worker sustained an injury on December 10, 1987. The injured worker was undergoing treatment for low back pain, sacroiliac pain, spinal and or lumbar degenerative disc disease and lumbar radiculopathy. According to progress note of July 20, 2015, the injured worker's chief complaint was back pain radiating from the low back down both legs and lower backache. The injured worker rated flare-up pain at 5-6 out of 10 with pain medications and 8-9 out of 10 without pain medications and the average pain level with pain medication was 3 out of 10. The physical exam noted the injured worker appeared to be in moderate to severe pain. The injured worker walked with a slow antalgic gait. There was tenderness at the S1 joint with palpation. The FABER test was positive. The range of motion was restricted the injured worker was unable to flex or extend limited by decreased neurological strength with left foot drop. There was decreased motor strength in the left dorsal ankle and left hip flexors. The sensory exam noted decreased sensation to light touch over the medial calf and anterior thigh on both sides. The injured worker previously received the following treatments Flexeril, Oxycontin, Oxycodone, physical therapy, aqua therapy, left epidural steroid injection, lumbar spine MRI, EMG and NCS (electrodiagnostic studies and nerve conduction studies) of the bilateral lower extremities on September 1, 2015 which showed moderate chronic L5 radiculopathy ad bilateral absence of sensory response in the feet, S1 joint injection and transforaminal epidural steroid injection at L3 and L4 with moderate pain relief. The progress note dated July 20, 2015, the following treatment was requested lumbar spine X-rays with flexion and extension. The UR (utilization review board) denied certification on September 17, 2015; for an X-ray of the pelvis (2 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 pelvis (2 views): 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), Hip & Pelvis (acute & chronic): X-Ray (2015).

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

Decision rationale: The patient continues with unchanged symptom complaints, non-progressive clinical findings without any new injury or fall trauma or acute change to supporting the Pelvic X-ray. ACOEM Treatment Guidelines Diagnostic and Treatment Considerations, states Criteria for ordering imaging studies include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports for this chronic 1987 injury have not adequately demonstrated the indication for Pelvic x-ray nor document any specific progressive deteriorating clinical findings with pathological surgical lesion, failed conservative treatment, or ADL limitations to support this imaging study. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The X-ray of the pelvis (2 views) is not medically necessary and appropriate.