

Case Number:	CM15-0195047		
Date Assigned:	10/08/2015	Date of Injury:	10/05/2011
Decision Date:	11/18/2015	UR Denial Date:	09/25/2015
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: North Carolina

Certification(s)/Specialty: Family Practice

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 54 year old female, who sustained an industrial injury on 10-05-2011. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for lumbar herniated disc, bilateral knee meniscal tears, bilateral carpal tunnel syndrome, and myospasms. Medical records (04-06-2015 to 09-17-2015) indicate ongoing low back pain rated 7 out of 10 on a visual analog scale (VAS), bilateral knee pain rated 8 out of 10 on VAS, bilateral hand pain 8 out of 10 on VAS, and bilateral wrist pain 8 out of 10 on VAS. Per the progress report (PR) dated 09-17-2015, pain in the left knee and bilateral wrist and hands were decreased; however, pain in the lumbar spine and right knee pain remained the same. Records also indicate no changes in activity levels or level of functioning. Per the treating physician's progress report (PR), the IW has returned to work with restrictions. The physical exam, dated 09-17-2015, revealed tenderness to palpation over the lumbar spine with spasms and decreased range of motion (ROM), tenderness to both knees with decreased ROM on the right and end range pain on the left, tenderness to both wrist and pain with ROM, and positive Phalen's test bilaterally with weakness to the right thumb. Relevant treatments have included physical therapy (PT), acupuncture, chiropractic treatments, work restrictions, and pain medications. The request for authorization (09-18-2015) shows that the following test was requested: x-ray of the lumbar spine. The original

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray of 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, Low Back.

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

Decision rationale: The ACOEM chapter on low back complaints states: 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. However, it may be appropriate when the physician believes it would aid in patient management. There are no red flags on exam or signs of serious spinal pathology. There is no explanation on how x-rays would change the management of the patient. Therefore, the request is not medically necessary.