MAXIMUS Federal Services

Case Number:	CM15-0197000		
Date Assigned:	10/12/2015	Date of Injury:	12/26/2013
Decision Date:	11/18/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/06/2015

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:

The injured worker is a 49 year old male who sustained an industrial injury on 12-26-13. The injured worker reported pain in the neck, left shoulder and low back. A review of the medical records indicates that the injured worker is undergoing treatments for lumbago, radiculitis and cervicobrachial syndrome. Medical records dated 8-17-15 indicate pain rated at 4 out of 10. Provider documentation dated 8-17-15 noted the work status as "Standing/walking, sitting, and forward bending limited to no more than 1-2 hours". Treatment has included radiographic studies, status post L4-5 microdiscectomy (8-5-14), Norco since at least March of 2015, Dilaudid since at least March of 2015, Norflex since at least March of 2015, electromyography, nerve conduction velocity study, injection therapy, Ibuprofen since at least March of 2015. Objective findings dated 8-17-15 were notable for cervical spine with tenderness to palpation and spasm to left trapezius, sternocleidomastoid and strap muscles, and lumbar spine with tenderness to palpation to paralumbar musculature, bilateral sacroiliac joints and decreased range of motion secondary to pain. Provider documentation dated 8-17-15 noted "A Prescription Panel UA test was performed today." The original utilization review (9-24-15) denied a request for Lumbar Spine X-Rays 6 Views.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Spine X-Rays 6 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, Low Back - Lumbar & Thoracic (Acute & Chronic), Radiography (x-rays).

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

Decision rationale: Per Treatment Guidelines for the Lower Back Disorders states Criteria for ordering imaging studies such as the requested X-rays of the lumbar spine 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 have not adequately demonstrated the indication for the Lumbar spine x-rays nor document any specific acute change in clinical findings to support this imaging study as reports noted unchanged symptoms of ongoing pain without any progressive neurological deficits. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The Lumbar Spine X-rays 6 Views is not medically necessary or appropriate.