

Case Number:	CM15-0198385		
Date Assigned:	10/13/2015	Date of Injury:	08/14/2015
Decision Date:	12/02/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	10/08/2015

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, Hawaii
 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 is a 29 year old male who sustained a work-related injury on 8-14-15. Medical record documentation on 8-10-15 revealed the injured worker was being treated for lumbar spine sprain-strain, bilateral 5th digit hand sprain-strain and bilateral arm pain. He reported intermittent, moderate stabbing pain in the right shoulder with radiation of pain to the forearm. He reported intermittent, moderate, stabbing pain in the left forearm. He reported intermittent, moderate dull pain in the bilateral pinky fingers. Objective findings included tenderness to palpation of the bilateral 5th digits with decreased range of motion in all joints bilaterally. He had severe tenderness to palpation of the lumbar paraspinal muscles and evidence of moderate paraspinal muscle spasm. He had moderate hypertonicity of the lumbar spine and his lumbar spine range of motion was painful and restricted. His lumbar spine range of motion was flexion to 45 degrees, extension to 20 degrees, bilateral lateral flexion to 15 degrees and bilateral rotation to 20 degrees. He had positive Kemp test bilaterally and bilateral positive straight leg raise. He had a positive Bechterew's test bilaterally. He had chiropractic therapy and physical therapy to reduce his pain and increase his range of motion. A request for x-ray of the lumbar spine and bilateral hands was received on 9-8-15. On 9-15-15, the Utilization Review physician determined x-ray of the lumbar spine and bilateral hands was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xray of the lumbar spine: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG online, Low back, Radiography.

Decision rationale: The patient presents with pain affecting the low back and bilateral upper extremities. The current request is for X-ray of the lumbar spine. The requesting treating physician report dated 8/10/15 (11B) is partially illegible and provides no rationale for the current request. The MTUS guidelines do not address the current request. The ODG guidelines state the following: Not recommend routine x-rays in the absence of red flags. (See indications list below.) Lumbar spine radiography 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 6 weeks. In this case, there is no documentation in the medical reports provided of any red flags or serious spinal pathology that would warrant an x-ray of the low back. The current request is not medically necessary.

Xray of the bilateral hand: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG online, Wrists, Forerarms, and Hand, Radiography.

Decision rationale: The patient presents with pain affecting the low back and bilateral upper extremities. The current request is for X-ray of the bilateral hand. The requesting treating physician report dated 8/10/15 (11B) is partially illegible and provides no rationale for the current request. The MTUS guidelines do not address the current request. The ACOEM Guidelines Chapter 11 on Forearm, Wrist and Hand Complaints page 268 on x-rays of the wrist and hand states, for most patients presenting with true hand and wrist problems, special studies are not needed until after 4 to 6 weeks period of conservative care and observation. Most patients improved quickly provided red flag conditions are ruled out. ODG states that for most patients with known or suspected trauma of the hand, wrist, or both, the conventional radiographic survey provides an adequate diagnostic information and guidance to the surgeon. The treating physician's First Report of Occupational Injury or Illness is dated 8/10/15 and requests an x-ray of the bilateral hands. In this case, the ACOEM guidelines do not recommend x-rays of the hands until at least 4 to 6 weeks of conservative care and observation. Furthermore, there is no documentation in the medical reports provided that the patient has any known or suspected trauma of the hands. The patient has a history and physical consistent with a repetitive stress injury. The current request is not medically necessary.